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August 2012

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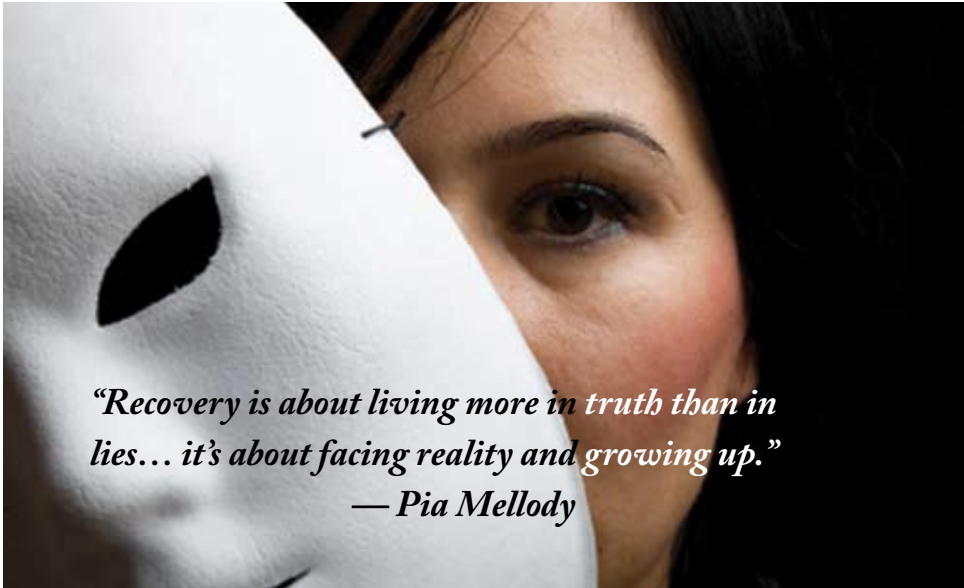
Facing the Truth Behind the Mask

By DR. JON G. CALDWELL, D.O

Over 2,500 years ago, in Athens Greece, playwrights like Sophocles introduced a form of theatrical art known as the tragedy. Greek tragedies typically dealt with weighty themes such as betrayal, loss, pride, jealousy, rage, love, courage, honor, life and death. Often these dance-dramas also explored man’s relationship with God and the existential challenges that are part of the human condition. Actors wore elaborate masks with exaggerated facial expressions so that their character’s role, emotional state, and intentions might be accessible to the audience. Commonly, one actor played several characters during the course of the theatrical performance, changing masks for each character and sometimes for each scene.

Our Scripts

Fast-forward to our lives today and the Greek tragedy might be used as a metaphor for some of the key aspects of recovery from trauma and addiction. Like an actor in a play, often we are reacting to life’s existential challenges according to a script. This script can influence how we move about on the stage of life; it can spell out our roles in relation to others, how we think and feel, and how we act in various situations. From the first moments of conception and throughout development, by way of ongoing interactions between ourselves, others, and the environment, this narrative is written into our psychobiology — it becomes an implicit script in the mind-body system.



“Recovery is about living more in truth than in lies... it’s about facing reality and growing up.”
— Pia Mellody

Moreover, similar to actors in Greek tragedies, our implicit scripts encourage the use of certain masks or personas. In many ways, this is completely natural and necessary for a life in which we play many different roles. For most of us, the scenes on life’s stage are constantly changing; we may transition from a family mask to a work mask, then to a friend mask, and back to a family mask, all within the course of one day. However, unlike the actors in a Greek tragedy, for us these personas are not distinct, separate people — they are aspects of a single being, linked together by the person behind the masks.

For some of us, our own life resembles a Greek tragedy, with painful experiences of be-

trayal, loss, abandonment, and trauma. These experiences are written into the mind-body script that tacitly flavors our thoughts, feelings, and behavior. Some of these life events can be so traumatic that we don’t even want to look at the script — we would rather not face the reality of our situation, it’s just too painful. Yet, our bodies and minds still play the part, even when we don’t pay attention to the script; something happens on the stage of life and we just react according to our past experiences, maybe without even being aware of the script.

Also, when there are painful and traumatic aspects to our life scripts, wearing a mask can become an adaptive way to hide our vulnerabilities from ourselves and others. The various personas create a sense of security and a safe distance from the troubling realities deep behind the masks. While this strategy is protective, over time it can further obscure the truth of our scripts and disconnect us from what drives our thoughts, feelings, and actions. In fact, under these circumstances, we risk becoming over-identified with the personas, forgetting who is actually looking through the masks. We become disconnected from the truth of who we really are and we cannot see the truth of others around us.

The Rawness of Our Reality

Moreover, sometimes these protective measures fall short and the truth of our scripts threatens to come bubbling up into awareness. In those moments, the pain, fear and shame can seem overwhelming, leading to desperate attempts to push it all back out of awareness. Compulsive behaviors with drugs, sex, relationships, and food will facilitate temporary relief from the vulnerability and pain of our tragedy scripts. While addiction can force the rawness of our reality out of awareness for a while, it comes with a whole host of complicating problems. In time, addictions only add painful prose to the narrative of our mind-body scripts and further disconnect us from our truth and from people that we love.

For several decades, Pia Mellody has been encouraging people to remember and rediscover the truth behind the masks and to face reality without addiction. For her, what started as a journey to understand the dis-ease

Herschel Walker: *Breaking Free*

Although he was an outstanding football player and a success by every measurement, Herschel Walker still had demons to battle. And, just like on the playing field, emerged from that battle a winner, one who now devotes much of his energies to advancing the cause of mental health.

Walker’s sports success began in high school in Wrightsville, Georgia, where he led his team to a state championship in 1979. From there he went on to the University of Georgia, setting a freshman rushing record in 1980 and powering the Bulldogs to the national championship. In his junior year, he won the coveted Heisman Trophy.

Professionally, Walker began his career with the New Jersey Generals of the short-lived United States Football League, winning the league rushing titles in 1983 and 1985. He moved on to the Dallas Cowboys, where he established himself as a premier NFL running back, achieving two consecutive Pro Bowl seasons, in 1987 and 1988. Walker then played for the Minnesota Vikings, Philadelphia Eagles, and New York Giants before returning to the Dallas Cowboys,

In his dozen NFL seasons, Walker gained 18,168 total rushing, receiving, and kickoff return yards, good for second place among the all-time NFL leaders at the time he retired.

Now, as Walker makes a sports comeback at age 48 with the Mixed Martial Arts fighting

league, he continues a rigid training regimen. His workout stands out as much now as it did when he was playing professional football. He does not use free weights, but instead uses bodyweight exercise, calisthenics, and conditioning, doing thousands of pushups and situps daily and typically eating just one vegetarian meal each day.

In his autobiography, *Breaking Free*, published in 2008, Walker admitted publicly that he suffers from dissociative identity disorder. In the book, he describes how he overcame that, and how he in essence “broke free” of his mental and emotional burdens.

Since the publication of his story, Walker has dedicated himself to raising awareness of mental health disorders and eliminating the stigma that keeps people — especially men — from seeking help. He is a frequent speaker on the subject to military and civilian groups, and works actively with University Behavioral Health (UBH) of Denton on its *Breaking Free* program, a specialized, integrated therapy program that treats adults facing multiple mental health disorders or a combination of mental illness and chemical dependency.



Herschel Walker to Speak at the 7th Annual Art of Recovery Expo

The **Art of Recovery Expo** is pleased to announce *College Hall of Famer and 1982 Heisman Trophy Winner Herschel Walker* as Keynote Speaker on Saturday, September 22 at the Phoenix Convention Center.

Mr. Walker’s presentation will begin at 2:30 p.m. in Hall F.

The Expo Mission

The Art of Recovery— is a **FREE** to the public, one-day event offering educational workshops, speakers, resources and solutions to the addiction crisis every community faces. The recovery process can be healing for the entire family. We invite you to join us on Saturday, September 22. **10:00 a.m. to 5:00 p.m. Phoenix Convention Center, Hall F, 111 N. 3rd Street (South Building).**

For more details visit www.artofrecovery-expo.com. No registration is required.

Herschel Walker appears on behalf of Valley Hospital, Phoenix.

www.valleyhospital-phoenix.com
www.freedomcare.com



publisher's note

Love and War

By BARBARA NICHOLSON-BROWN

Like many of us who are now clean and sober, my experiences with alcohol and drugs started out as a way for me to be part of the “cool crowd.” Back then I was so far from cool, (*I don't know if I am now either*), but what a way for me be accepted, so my young mind thought.

Would it hurt? Someone said no, “you’ll feel good, that’s all!” That sounded quite appealing to me. It was during those awkward years when you’re still a kid, but a teen and you want to be all grown up. “This might be my chance at happiness,”—so I joined in.

Did it hurt? Yes! My first time drinking found me passed out and blacked out under some kid’s parent’s pool table in a dank dark basement. I was nauseous and scared to go home and face my parents. Would they know? Was I going to get grounded for life or shipped away? I did get in trouble and made my first promise never to do it again. *Maybe that was my first alcoholic lie.* I was delusional enough to think I was in some kind of love affair, as all sorts of alcohol and drugs found their way into my system.

I tried to fight the battle on my own periodically — but the war had started years ago in my body, brain and spirit. When I ingested anything, bad things happened. Every time I thought I would abstain for a while, the power of my addiction won. I was constantly fighting good and evil. I loved being numb, hated the aftermath, loved the way I felt when I was high, hated what I was becoming. I couldn’t keep the lies straight. I couldn’t stop.

Little did I know the madness would not stop until I hit bottom on June 17, 1990.

The power of the disease of my addiction told me I didn’t have it, nothing was wrong. It seduced me and I was oftentimes momentarily ‘enchanted, prettier and desirable’. What I didn’t see was the wreckage it was creating. All the cover-up in the world couldn’t erase the shadows under my eyes, and the sadness that emanated from every pore of me. This isn’t a picture of what love looks like.

I have learned over the past 22 years this is an incurable BUT treatable disease. I have learned to fight my war with sober friends, and for the most part ...listening to their wisdom. I learned it really is OK to ask for help, OK to share my experiences, war stories and joys with others.

What I have learned most of all is through a power greater than myself I get a daily reprieve if I follow direction, do the best I can each day and live in gratitude — for the good and the bad that comes with life.

Everything that happens is meant to, learning can be painful, but I’ve been told that’s where the growth is.

On this journey of recovery, we must help each other along when the trenches are deep and extend a hand to get our footing.

I know for myself I could not have gotten to this point in my sobriety alone. We are in this together, and I see this as gift of love.

Barbara Nicholson-Brown

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NEWS

Almost Eight Percent of Pregnant Women Report Using Alcohol

Almost eight percent of pregnant women report alcohol use, according to a new study by the Centers for Disease Control and Prevention.

The study analyzed data from almost 14,000 pregnant women and more than 330,000 non-pregnant women ages 18 to 44. About one in 13 pregnant women, or 7.6 percent, said they drank alcohol within the past month, compared with 51.5 percent of non-pregnant women.

The researchers found 1.4 percent of pregnant women reported binge drinking. Among pregnant women who said they engaged in binge drinking, those with a high school education or less reported binge drinking an average of 3.4 times a month, and having 6.4 drinks per occasion. In contrast, college graduates reported binge drinking 2.5 times per month, with 5.4 drinks per occasion. Binge drinking was more common among unmarried women.

Alcohol use among pregnant women was

highest among those ages 35 to 44, HealthDay reports.

The study authors note there is no safe level of alcohol use during pregnancy, which is the leading preventable cause of birth defects and developmental disabilities. Drinking during pregnancy can result in fetal alcohol syndrome and other fetal alcohol spectrum disorders, which can cause neurological problems and lifelong disabilities.

Public health interventions, such as increased alcohol taxes and limiting the number of alcohol outlets in neighborhoods, might help reduce alcohol misuse among women, the researchers said.

Advocates Call for State Laws to Encourage People to Seek Help for Overdose Victims

Advocates around the nation are pushing for state laws that give people limited immunity on drug possession charges if they seek medical help for someone suffering from an overdose, the San Francisco Chronicle reports.

Eight states have passed such “Good Samaritan” laws during the past five years, the article notes. A similar measure is under consideration in the District of Columbia, but faces opposition from prosecutors and police.

Critics of the laws say they are equivalent to get-out-of-jail-free cards. The measures condone drug use, and could prevent police from investigating drug dealing, or juvenile drug use, they argue.

A study conducted by researchers at the University of Washington found 88 percent of opiate users surveyed in the state, which passed a “Good Samaritan” law in 2010, said they would now be more likely to call 911 during an overdose. The study found 62 percent of police surveyed said they would not make an arrest for possession anyway, so their behavior would not be changed by the law.

Most of the state laws protect people from prosecution if they have small quantities of drugs and seek medical aid after an overdose. The laws are designed to limit immunity to drug possession, so that large supplies of narcotics would remain illegal.

As Prescription Drug Abuse Rises, U.S. Re-Examines Drug Policy

The increase in prescription drug abuse in the United States is forcing the government to re-examine its emphasis on trying to stop shipments of illegal drugs into the country, The New York Times reports.

A shift in the nation’s drug policy would have an effect in Mexico and Central America, the article notes. Some experts say money currently spent on fighting illegal drug shipments could be instead used to bolster courts and prosecutors’ offices, which could lead to long-term stability in those countries.

“The policies the United States has had for the last 41 years have become irrelevant,” Morris Panner, a former counternarcotics prosecutor in New York and at the American Embassy in Colombia, who is currently an adviser at Harvard’s Kennedy School of

NEWS continued page 15



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“I Am A Junkie”

The last thing any young person expects to find themselves saying is “I am a junkie,” or “I am a heroin addict,” but it happens every day. No one says, “I will be using intravenous drugs within three years.” In fact, most opiate users admit at one point in their drug use they promised themselves they would never do heroin. A quick review of the media attention on drug addiction, would have one assuming we have a huge methamphetamine problem. Although this may be true, the majority of young people entering treatment at Calvary Addiction Recovery Center *are heroin addicts*.

At the moment, young people have the opportunity to participate in treatment in numbers we have not been seen in a long time. Health care reform allows young people to remain on their parents insurance until they are age 26. In the past six month, close to half of Calvary's 50 beds are taken up by people under 26. The majority of those are opiate dependent.

The progression of the addiction to opiates is the same as for any drug. It occurs with continued use despite significant consequences. Individuals need more and *more* to achieve the same result, and experience withdrawal symptoms when not using. It is fatal if left untreated. The difference with heroin and opiate addiction is the progression is typically faster than say, alcoholism.

A Common Theme

When a young heroin addict tells his story it contains some very common themes. It begins with drugs such as marijuana and or alcohol between 14 and 16 years of age. Gradual experimentation with other various drugs over a period of a few years continues. Before long this person is likely experiencing increased tolerance and may be using regularly, but perhaps not daily. Then comes the discovery of opiates in the form of Percocet or Oxycontin. These are powerful pharmaceuticals that have profound effects even on people without addiction issues. The individual is usually not aware this is where the progression of addiction picks up speed. Withdrawal symptoms come on quickly after shorter periods of not using, causing significant physical discomfort. The individual begins to use partly to avoid being sick. Percocet and Oxycontin have a high street value and individual pills are expensive. The cost of maintaining rises while the ability to function in the home or at work diminishes. Faced with an inability to get funds through employment, other options are pursued. The addict typically begins to pawn or sell personal possessions, and possessions of parents and family. They may turn to stealing, shoplifting, and myriad of other illegitimate means of acquiring funds including drug dealing. Smoking heroin becomes an option when addicts discover the difference in cost between heroin and pills. Eventually they realize smoking heroin is no longer producing the desired effect. Injecting becomes a logical option.

Death by means other than injecting heroin is possible but the likelihood of death by overdose is significantly increased once the addict begins injecting the drug. It is rare for an I.V. heroin addict to live long.

Clear evidence is easily found in Heroin Anonymous where the fellowship is comprised primarily of young people. The majority of my young clients report they know at least one person who has died of a drug overdose. The best thing about this phase of the addiction is *it is impossible to hide*. Functioning on a global scale is impaired to the point it is obvious to even the most naive parent that something is seriously wrong. Interventions take place, discussion about options occur, treatment is discussed, or more likely fought about.

So the young person is admitted into a drug treatment facility. Now what? Upon entering treatment, providers begin to address very common questions from the young population; “Do I have to get rid of all of my friends?” “Can I just smoke weed?” “I can still drink, right?” “How do you know I'm not just physically dependent on opiates?” “Can I go

I AM A JUNKIE continued page 5

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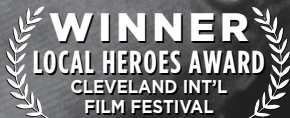
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—Sheri Linden, LOS ANGELES TIMES

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Jump On In

By DR. DINA EVAN

There is so much talk these days, especially in the self-help and personal growth movement about creating your own reality. I own it. I teach it. However, there is something else we don't talk about that is critical to that process — the courage to take risks.

Right now, life is filled with uncertainty and there are pivotal points along our path that afford us with opportunities in which one decisive moment could forever change our life. Those of us who did not have an easy childhood often hesitate to take these opportunity-filled steps because “the worst” has happened in our lives and we are afraid that the worst will come again. It seldom, if ever does, and operating from the pain or fear of the past holds us hostage in our lives with regard to creating the happiness and success we deserve and want.

We forget that never again will we be three feet high, or that gawky teenager, standing without a tool bag or life experiences, or the cognitive ability, or support system or height to tackle life head-on. Still, we shrink back in fear unable to commit fully to our own lives.

Stephen Mills, a web columnist, says, “The willingness to take risks and the skill to make intelligent decisions between risk and irresponsibility will to a large degree determine the level of achievement that you will attain. Your biggest risk is not the possibility of failing — it is in not trying. **Burn this thought into your brain: The one sure way to guarantee failure to achieve your dream, is to play it safe.**”

Some simple things to remember about risk taking:

1. In reality, we encounter very few life-threatening risks, while creating our best life.
2. In reality, there are very few decisions that cannot be changed if necessary.
3. If you are protecting yourself from being wrong, remember that standing in your ego leaves you nowhere, except trapped in the status quo.
4. Successful people do not equate failure with their own worth. They equate failure with success and the courage it takes to continue the trial and error process toward success. They consider failure a key to progress and learning. They are not afraid to fall.
5. Neither do they stay down after a fall. They get back up and begin again.
6. The fastest route to success is often right through the middle of what does not work, or the fear, to get to what does work.
7. Being different is not a bad thing. Being different often denotes leadership, courage and character. You have to be different to be successful in life.
8. Fear is often the flip side of excitement



and doesn't mean you should stop or not go forward. Listen to your gut and determine whether the fear is realistic or perhaps it's just that something needs to be changed. Fear can also be simply because you are in unfamiliar territory. The unfamiliar is the exciting cutting edge to positive change.

9. You will seldom lose anything of value that is not replaceable — your shirt, your income, your place of residence, your relationship. The only thing you can lose that is not replaceable is your integrity, your character and your quality of life.
10. Look behind you at all the challenges that you have already overcome in life and remember that you have accumulated a world of tools and knowledge that will help you boldly create whatever you choose.

The question is very often not “Should I,” but rather, “How can I?”

Success energy is accumulative. Like a snowball rolling down a mountain, it builds on itself. As Eleanor Roosevelt said, “You gain strength, courage and confidence by every experience in life in which you stop to look fear in the face.” That is a profound truth. With every risk you take, with every success and failure that teaches you something, you grow stronger and more enthusiastic about your path. Enthusiasm is contagious.

Most of what happens in life are things we cannot control. However, we can control our response to life and everything that happens in it and that response creates either success or apathy.

Make sure your response to life is a resounding, “bring it on!”



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

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I Am a Junkie from page 3

home to my parent's house?" I will address some of these concerns here.

"Do I have to get rid of all of my friends?" The client clearly sees the need to get rid of some people; people with whom the only association is connected to the drug. However, typically there will be people the client has known since childhood and is a dear old friend. Perhaps there are friends who are not addicts but recreationally use drugs. These are some of the most dangerous people for the client. Being around drug use is an obvious temptation, but other addicts or casual users do not understand the addiction process or the needs of an individual in early recovery. The real answer is building new social connections. Whether addicted or not, young people party. Simply suggesting a client disengage from something that looks fun and appealing without offering an alternative will not work. All over Arizona and throughout America, young people are getting sober, getting together and learning how to have fun clean and sober. To the client it often seems unlikely they will be able to have fun without drugs being involved —until they begin to experience it firsthand. This begins through attending young person's 12-step meetings and going to young person's 12-step events. Check out www.valypaa.org.

"Can I just smoke weed?" "I can still drink, right?" "How do you know I'm not just physically dependent on opiates?" These usually come together under one big question, "Am I really an addict?" We can easily diagnose an individual with chemical dependency and see an individual is an addict due to obvious evidence that predates the onset of opiate use. However, we cannot force the client to see it. Clients often believe their real problem was opiates and they do not have a problem with the other drugs. This is simply the delusional thinking of an addict who can't see the truth. Prior to opiate use, most clients did not experience physical withdrawals on the scale and intensity as with opiates. Other drugs such as marijuana and alcohol did not produce significant or noticeable physical withdrawal symptoms. Every group of young people I have in treatment contains at least

one person who has tried the experiment of just drinking or just smoking marijuana and found themselves as hopelessly lost as ever. Every group has at least one person who believes they are different and is determined to try it themselves. Education about the disease process, hearing experiences of others who have made similar mistakes and challenging beliefs are helpful.

"Can I go home to my parent's house?" The answer to this is not entirely up to the treatment professional or the client. When facilitating family groups this is the issue most commonly discussed. Structure and accountability is the aim for the living environment. The best thing for the family, whether a client likes it or not, is to enter sober living. But if the family feels prepared, returning home can be a healthy option. Sober living offers the option of having accountability among peers instead of parents. Many parents have the experience of hearing advice they have given come out of the mouth of their child's peers and suddenly their child hears it. By the time the client has come to treatment, so much trust has been lost and wreckage created that coming home is unthinkable. Discussing options for aftercare and what kind of support to provide or withhold is why family involvement in treatment is so important. Whether it means attending family sessions, family groups offered by treatment or simply attending Al-Anon, it is important loved ones have an opportunity to discuss their own need for healing and how to support recovery. Until treatment, loved ones have been focusing entirely on how to make the client stop using. Now we need to discuss a different set of tools; how to support recovery.

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Personal Inventory: An Ongoing Necessity

By BOBBE MCGINLEY

Some of us may wonder if the peace and serenity we are experiencing in our lives is permanent or temporary. Those of us in recovery know working the 12 steps helps us see how fragile and vulnerable we really are. With a daily practice of the steps and with our Higher Power's loving presence in our lives, we are able to achieve and maintain our newfound balance. Our skills in relating with others improve, and we notice how our interactions then assume a new quality.

At this point, we may be tempted to revert to our old bravado, even believing we are healed. We may think we have all the answers and can stop here, resting on our laurels. Some of us might feel so comfortable with ourselves we see no need to continue vigorously working our program of recovery. Life offers new activities, we feel good, and it can be easy to find excuses to skip meetings or abandon the program altogether. The temptation to slack off is a dangerous idea — all addicts and alcoholics must realize that giving in to other "important things to do" will deprive us of realizing our original goal — a life of sobriety. Successes can only be maintained if we are willing to depend on God and practice the principles of the steps daily for the rest of our lives.

If we ignore small problems they will inevitably multiply. Through our lack of sensitivity and skills to improve our behavior, we may begin to create havoc in our lives once again. We must consciously examine our daily conduct and admit our wrongs quickly. We need to look within, see our errors, admit them promptly, and seek God's guidance in correcting them. Sometimes this inspection is about behaviors, and we may need to examine who we surround ourselves with.

Yet, while we are working so carefully to monitor our actions and re-actions, we must not judge ourselves too harshly. If we do, we face the possibility of returning to negative attitudes. We must recognize that nurturing ourselves emotionally and spiritually requires daily vigilance, loving understanding, and patience. Life is never stagnant; it is constantly changing, and each change requires adjustment and growth.

To avoid setbacks, even relapse, it is important to monitor ourselves for any signs of returning to old patterns of behavior. Are we attempting to manage our lives alone, manipulate others, or slipping into old patterns of resentment, dishonesty, or selfishness? If we see these temptations arising, we must immediately ask our Higher Power to forgive us, and assist us in maintaining our honesty and humility to continue our personal development.

This is where a regular "spot check" inventory is so valuable: We experience the release from resentment when we begin to understand that those who mistreated us are

also spiritually sick. We extend to them the tolerance and forgiveness God gives us. We concentrate on our own inventories, we put the wrongs of others out of our mind, and focus on our faults, not the faults of others.

Fear becomes less of a problem as our faith in God grows. We list our fears one by one and consider why they have power over us. We especially note the fears that grow out of our failed self-reliance. God is able to manage where we could not. Our faith empowers us to release our need for self-reliance.

Learning to express anger is a major step in recovery. It releases many hidden emotions which allows healing to take place. Expressing anger appropriately lets others know our limits and helps us to be honest with ourselves. As we learn to express ourselves we are able to cope without hostility and also the anger of others. Our relationships improve as we begin to feel comfortable expressing ourselves. Stress-related problems diminish, and we feel better physically. Just remember all of this takes time and practice.

As we put aside the role of caretaker, we assume less responsibility for everyone and everything, allowing others to find their own way. We turn them over to the care of their Higher Power, which is the best source for their guidance, love, and support. By dropping the burden of meeting everyone's needs, we find time to develop our own personalities. Our obsession with caring for others is replaced by an acceptance of the fact — we have no power over the lives of others. Our main responsibility in life is for our own welfare and happiness.

As we begin to rely on our own approval and that of our Higher Power, we understand wanting approval is OK, and we learn to ask for it — not manipulating others to get it. We say "yes" when it is comfortable, and are willing to say "no" when "no" is the right answer.

With daily practice we become more conscious of our strengths and weaknesses by examining our behaviors by taking regular personal inventory. We are less inclined to yield to feelings of anger, loneliness, and self-righteousness when we are emotionally balanced. Our personal inventory helps us discover who we are, what we are, and where we are going. Only then are we better prepared to live the life we desire—and deserve.



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

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Commentary

Illegal Online Pharmacies: A Potentially Fatal Threat to Consumers

By Marjorie Clifton

Over 96% of websites claiming to sell prescription medications are out of compliance with U.S. pharmacy laws and practice standards—a statistic that may come as a surprise to the average American consumer.

While this statistic may seem irrelevant to Americans who have never considered using the Internet to purchase products such as antibiotics or allergy medications, prescription drugs are among the most sought after e-commerce products — the 13th most purchased product online behind categories such as furniture, baby products and household supplies.

Getting a prescription filled online is not necessarily bad; it can be convenient and sometimes cheaper. However, there are important factors to consider when purchasing pharmaceuticals over the Internet:

- (a) the sellers of online medications are atypical;
- (b) medicine from unsafe sources can be toxic; and
- (c) the criminal networks behind these websites don't care about your health — only your money.

The newly formed Center for Safe Internet Pharmacies (CSIP) is working hard to address all three factors, and underscoring the importance of knowing who you are buying from.

While most consumers think they can spot a “good” versus a “bad” pharmacy website, they are often indistinguishable. Internet-based prescription drug dealers (or “illegitimate online drug sellers”) are very good at mimicking legitimate online pharmacies — even going so far as to display forged, seemingly authentic pharmacy licenses on their websites — which is why intuition alone is not enough. Most importantly, one should know a legitimate online pharmacy will always require a valid prescription. This means a prescription obtained by a practitioner who has examined the patient at some point. Illegitimate online drug sellers may require a prescription, but source the drugs from unverified supply chains, unregulated for safety or authenticity. Alarming, some physicians are not trained to make this distinction and unknowingly promote illegitimate online drug sellers to patients.

Who Buys Medication Online?

Although the “typical” online medication buyer is over the age of 55, there are growing numbers of young adults buying online without a prescription. 1 in 6 American adults, approximately 36 million people, are estimated to have bought medication online without a valid prescription.[2] This can be a deadly or life-altering prospect. Craig Schmidt, a 30-year-old plastics salesman, purchased Xanax (an anxiety drug) and Ultram (a pain drug)

from an online pharmacy without ever seeing or speaking to the doctor that prescribed the medications. The Xanax tablets that Schmidt received contained quadruple the active ingredient that a doctor would prescribe. As a result of this overdose, Schmidt nearly died and has been left permanently impaired with widespread brain damage that inhibits him from driving or even walking without stumbling.[3] Unfortunately, stories like Craig Schmidt's are not as uncommon as one would hope.

In 2010, the U.S. market alone accounted for an estimated \$75 billion in sales for counterfeit drug makers; a lucrative prospect for criminal networks. There has also been a rising trend of malware appearing on illegal pharmacy sites — designed to steal your information and used for credit card or identity theft. GoDaddy.com took action on 47,000 illegal pharmaceutical sites last year alone and 27,000 of them contained malware.

How Can this Problem be Fixed?

The prevalence of illegal online drug sellers has made it virtually impossible for the law enforcement community to address the problem alone. So, in late 2010, CSIP was created to provide a first-ever private sector solution, and among the first public-private partnerships, formed to protect consumers from rogue Internet pharmacies. The mission of the organization is four fold: to educate consumers about the threat of illegal pharmacies, to work with law enforcement to eliminate the criminal networks, to share information among companies about illegal sites and to aid in building a “white list” of safe sites.

Currently, CSIP members include 11 corporations who are part of the Internet ecosystem. These companies will be announcing their partnership with U.S. Government agencies to tackle the problem of illegal online drug sellers at the White House on July 23, 2012. The event will kick off CSIP's public education campaign, which will include a website with: a URL checker where consumers can confirm the legitimacy of online pharmacy websites, search engine advertising and public service announcement videos.



To learn more, visit the Center for Safe Internet Pharmacies' website at www.safemed-online.org.

Marjorie Clifton,
Executive Director,
Center for Safe Internet
Pharmacies



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Why Popular Hollywood Films Don't Appear in Bill W.

The film *Bill W.* — the first feature-length documentary about Bill Wilson and the founding of Alcoholics Anonymous — will open in Tucson at The Loft Cinema on August 3rd and at the Sedona Film Festival Cinema on August 7th. Most documentaries are labors of love, and ours is no exception: we worked full time on *Bill W.* for over seven years, which, it turns out, is not uncommon for a feature-length documentary.

Every documentary presents its particular problems, but *Bill W.* had one that stood out from the very beginning: as the co-founder of Alcoholics Anonymous, Bill Wilson strove for decades to maintain his own anonymity. We discovered early on that he had been recorded over 100 times while speaking to A.A. audiences around the country, so there was a remarkably rich audio archive of him telling both his own story and that of A.A. But what about visuals? As far as we knew, there was little if any moving footage of him, and very few photographs. Not a very promising starting point for a film.

Eventually, after years of searching, we did find some wonderful movie footage of Wilson, and had some incredible luck in discovering a trove of photographs that had been hidden for over 50 years. But even these didn't provide enough visual material for the making of a full-length documentary. Our first idea was to use film footage from old Hollywood movies and TV shows about alcoholics and A.A. — certainly, we thought, there would be enough material there to cover the story we wanted to tell. After all, Hollywood had been making films about alcoholics and alcoholism as early as the 1910s, and there were some very powerful films from the 1940s and 1950s that looked at A.A. But the idea failed. Here's why.

The very first Hollywood film that mentions or hints at the existence of A.A. is *The Lost Weekend* — a searing treatment of an alcoholic and his alcoholism. This 1945 film won the Academy Award for Best Picture, and its leading man, Ray Milland, an Oscar

for Best Actor. It is a watershed event in the history of Hollywood's portrayals of an alcoholic: brutally realistic, but also understanding and sympathetic. Ironically, however, it was the film's very success that proved fatal for us. No matter how we tried to use it, people who saw those clips began thinking about *The Lost Weekend*, or Ray Milland, and not the documentary we were trying to make about Bill Wilson and Alcoholics Anonymous. As our line producer put it: “Every time I see that actor, I'm thinking, I know him — what's his name? What film is this?” No matter which clips we used — and there are some striking scenes from the film, such as Ray Milland's character suffering through the DTs, or walking along a street trying to find an open pawnshop so he can buy a drink — they always took the audience out of our film.

We ran across the same problem when we tried to use footage from *The Days of Wine and Roses*. There may be no better scene among Hollywood's depictions of destructive alcoholic behavior than Jack Lemmon tearing up his father-in-law's greenhouse looking for a hidden bottle of scotch. You literally want to jump into the screen to stop him. It's so good, in fact, that all you can do is think about Jack Lemmon's character at that moment. And that's the problem with this excellent film — you simply don't want to see it in small doses. So, we couldn't get this to work either.

Surprisingly, part of the solution to our problem came not from Hollywood's more famous portrayals of alcoholism, but from some short documentary films produced by Hollywood that have been all but forgotten. Probably the most valuable to us was a March of Time newsreel — *Problem Drinkers*. This 15-minute short documentary from 1946 mostly uses recreations to tell the story of a man who finds sobriety through A.A. From the standpoint of putting one back in the period, it's a great piece. And though we've

BILL W. continued page 13

EVENTS CALENDAR

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Incest Survivors Anonymous ISA meeting in Phoenix—North Scottsdale Fellowship Club, Saturdays, 1:30-2:30pm. Contact: Gloria at 602-819-0401. Gloria, **602-819-0401.**

Every Week—Tucson—Cottonwood Tucson – InnerPath Developing Healthy Families Workshop. This five-day workshop is for families impacted by addictions, psychiatric disorders, anger and rage, and trauma. Facilitated by Cottonwood staff. Visit www.cottonwoodtucson.com or call Jana at **520-743 2141** or email at jmartin@cottonwoodtucson.com for information and registration.

COTTONWOOD TUCSON. Ongoing Alumni Meeting: the first Wednesday of each month 6:00-7:30 p.m. on the **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. Come early at 5:00 p.m. for dinner. Contact Jana Martin 520-743-2141 or email jmartin@cottonwoodtucson.com

OCD Support. Banner Scottsdale, Room 539. Group held 2nd and 4th Thursday of each

month 7:00 p.m. to 9:00 p.m. 480-941-7500. 7575 E. Earll Drive, Scottsdale,

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). Contact Michael **520-419-6723.** Plus 7 more meetings in Tucson call for details.

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

Events continued page 14

SAVE THE DATE

SEPT. 22 — FREE ADMISSION! 7TH ANNUAL ART OF RECOVERY EXPO. Phoenix Convention Center. Hall F- Doors Open at 10:00 a.m. -5:00 p.m. This year the Expo brings JOHN BRADSHAW, HERSCHEL WALKER and many more informative workshops for the entire family. Details at www.artofrecoveryexpo.com or call Barbara Brown at 602-684-1136, E: aztogether@yahoo.com

AUG. 1—St. Luke's Behavioral Health Center Clinical Breakfast Series. 8:00-9:00 a.m. *Realities of Intervention Versus Reality TV: The Elements of a Professionally Led Intervention* Carey Davidson, MA. Behavioral Health Center Auditorium, 1800 E. Van Buren. **1 CEU.** Breakfast, networking. **FREE. 602-251-8799.**

AUG. 21— The Meadows **FREE** Lecture Series: *Getting out of the Hole in the Side-walk: The Drama Triangle, with* Gretchen Friedlander, LPC . 7:00-8:30pm. Franciscan Renewal Center, 5802 E. Lincoln Drive Scottsdale, Arizona. E: events@themeadows.com

SEPT. 10-14 & Oct 15-19 – 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 jmartin@cottonwoodtucson.com for information and registration.

SEPT. 17-21 & Oct 22-26 – 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** or email jmartin@cottonwoodtucson.com for information and registration.

AUG. 16&25—"CORONARY ARTERY DISEASE CAN BE REVERSED." **FREE** presentation will be offered by The Foundation for Cardiovascular Health a 501(C) 3 nonprofit community foundation; August 16 7:00 to 8:30 pm. Tucson Jewish Community Center, 3800 East River Road and August 25 1:30 to 3:00 pm. at the Northwest YMCA-Pima County Community Center at 7770 N. Shannon Road, North of the Pima College Campus. Richy **520-797-2281.**

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Emotional Healing Journaling Workshop, offering effective strategies to manage unwanted habits and compulsive behaviors. Thursdays 7-8:30pm. Facilitated by Elisabeth Davies, MC. \$20 per workshop. Includes a copy of her workbook, Good Things Emotional Healing Journal: Addiction. 9401 W. Thunderbird Road. Suite 186. Peoria, AZ 85381 **(602) 478-6332 www.GoodThingsEmotionalHealing.com**

East Mesa PAL-Group New Support Group for Parents in East Mesa. Broadway Christian Church, 7335 E. Broadway Rd. (Just East of Power Rd.) Mesa, AZ 85208 (Park on West Side Toward the Front and Go to West Lobby Classroom) Thursday Evenings. 7:00 – 8:30pm. **FREE.** Contact: Tim Skaggs: (480) 981-0802 e-mail: tskaggs@bccmesa.com

Franciscan Renewal Center Support Groups: Divorce, Separation and Significant Relationship Endings. Deals with the pain of divorce, separation, and relationship endings in a positive, healing way. Mondays, 6:30 - 8:00 p.m. *Facilitators: Judith McHale, MA, LPC and Tom Mitchell, Ph.D, LPC.* **GRIEF Support.** For individuals grieving the loss of a loved one. Tuesdays, 5:30 - 7:00 p.m. *Facilitator: Sylvia Hernandez, LICSW and Judith McHale,*



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Facing the Truth from page 1

of codependence, so that she could better help her clients, turned into an elegant, comprehensive model for addiction recovery. This model continues to be used at The Meadows of Wickenburg, a world-renowned treatment center, and has been a source of healing for many patients and practitioners.

Codependence and Addiction

You might ask, "How is codependence related to addiction?" Pia Mellody kept asking herself this same question when she repeatedly encountered the coexistence of these two conditions in her clients. What she and her colleagues came to understand is that codependence and addiction are frequently linked together by a history of childhood abuse and neglect. These traumatic experiences can be overt (i.e., big "T"), as in the case of physical or sexual abuse, or covert (i.e., little "t"), as in the case of emotional abuse, abandonment, enmeshment, and loss/death. Relational trauma of this kind often results in deep wounds, painful paragraphs in our mind-body scripts, which can lead to developmental immaturity and negative consequences for adult functioning.

More specifically, Pia Mellody found that people usually entered recovery treatment because of addiction, mental/emotional symptoms, resentment/anger, negative control of others, intimacy/relationship problems, and impoverished spirituality. However, usually these issues only become "problems" because other people tell the person in treatment that they are indeed problematic! Yet, given an opportunity to step back from the tornado of unmanageability created by these issues, most people in treatment are able to admit that help is necessary.

Pia Mellody came to understand that these presenting problems were only "secondary symptoms" of deeper, core developmental issues that are frequently related to childhood trauma. She surmised that relational trauma causes an individual to become polarized around five core dimensions of development:

- 1) self esteem (less than versus better than),
- 2) boundaries (too vulnerable versus invulnerable),
- 3) reality issues (bad/rebellious versus good/perfect),
- 4) dependency (too dependent versus needless/wantless), and
- 5) moderation (too little versus too much self-control).

Furthermore, she discovered that when people are able to address their childhood wounds and identify their core issues of developmental immaturity, they discover a measure of reprieve from the secondary symptoms of addiction and relationship turmoil.

Pia Mellody has consistently taught that the recovery process requires that we honestly and courageously face the truth of our past, both what has been done to us and what we have done to others. It is no coincidence that she titled her now-classic book *"Facing Codependence."* As suggested by Pia Mellody, "The recovery process is about living more in truth than lies." Yet, paradoxically, the painful truth of our mind-body scripts is what drove us to hide behind the masks and disconnect through addictive processes. The prospect of facing the reality of our condition doesn't appeal to many people — that is why the bottom can be so low.

So, how do we go about facing the truth of our scripts and reacquaint ourselves with the person behind the masks? Here are a few suggestions:

- **Develop a willingness to surrender.** In the recovery process, a willing heart can take us a long way. The path of recovery has many twists and turns and very often we don't know what is around the next bend. Remembering the powerless and unmanageability of our past can invite the willingness we need to surrender to the recovery process.
- **Be willing to accept help.** Recovery isn't a solitary affair. Often we need the help of a director or producer when facing the truth of our tragedy scripts. Guidance and support can be found in friends and family, recovery communities, professional treatment, and something or someone

wiser and vaster than us (i.e., nature, spirit, higher power, etc).

- **Cultivate self-compassion and patience.** Under the gentle, soft stage-lights of self-directed compassion and patience, we can begin to peer into the darkness behind the masks and face the perilous paragraphs of our mind-body scripts. Rugged honesty isn't the same as self-defeating judgment and blame. Let us be kind to ourselves.
- **Some discomfort is inevitable.** As we learn to accept and be with the uncomfortable sensations, emotions, and thoughts associated with our implicit scripts, we find that these mind-body states are generally transitory, like storm clouds moving across a desert landscape. Gradually, our recovery can become imbued with a quiet confidence that we can weather life's storms.
- **Recovery is about growing up.** If trauma leads to developmental immaturity, as suggested by Pia Mellody, then recovery must be a maturational process. Don't fight it — let go of old ways and exercise a willingness to embrace new, more mature ways of living.
- **Recovery involves grieving.** As we more fully inhabit and live from our truth, we can expect to grieve what we didn't ever receive, what we lost along the way, and the gradual disillusion of the fantasies that we created about ourselves and others.
- **It's a process, not a destination.** It is tempting to think of recovery as a goal or a to-do item to be checked off. But, in recovery, no one ever truly arrives... each step on the path brings fresh challenges and opportunities. "Life is a mystery to be lived, not a problem to be solved." ~ Søren Kierkegaard.

Perspectives and practices like these support a recovery process where we begin to live more in truth than in lies. The traumatic

narratives of our tragedy scripts are not necessarily erased, but they can be rewritten and reinterpreted on the stage of life. Gradually, we become less invested in, and identified with, our various masks — we are able to more comfortably embody the person looking through the masks.

In many ways, the recovery process is about becoming more conscious — more connected with the truth of ourselves and others. Within this field of heightened consciousness there begins to be enough space and security for the emergence of an authentic self. Generally, this kind of conscious presence brings us into contact with our own humanity, our foibles, short-comings, character defects, and our deepest wounds. However, at the same time we are able to make intimate contact with our own immutable and unconditional worth.

In that authentic space of conscious awareness we come back home to ourselves and, if only for a moment, we experience our wholeness. When we are at home with ourselves, we are better able to make meaningful connections with other humans, all creatures, nature, and a higher power. This is the essence of spiritual practice; ultimately, this is the spiritual path. May we all find and inhabit this path of recovery by facing the truth behind our masks.



Dr. Jon G. Caldwell, D.O., is a board certified psychiatrist who specializes in the treatment of adults with relational trauma histories and addictive behaviors. He currently works full-time as a psychiatrist at The Meadows treatment center in Wickenburg, Arizona. For a number of years he has been teaching students, interns, residents, and professionals in the fields of medicine and mental health about how childhood adversity influences health and wellbeing. His theoretical perspective is heavily influenced by his PhD graduate work at the University of California at Davis where he has been researching how early childhood maltreatment and insecure attachment relationships affect cognitive, emotional, and social functioning later in life. His clinical approach has become increasingly flavored by the timeless teachings of the contemplative traditions and the practice of mindfulness meditation.

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Thank You for Eating the Cake

By [ALAN COHEN](#)

One of the great defining moments of my life came when I was in college. I had been practicing Orthodox Judaism for about seven years, a very meaningful path for me. I came to a point, however, when the rituals had become rote and dry for me. On one holiday, a fast day, I was very hungry. But I feared to eat because I might go to hell for violating the religion's rules. After struggling with the choice, I came to a striking realization: fear is not a good enough reason to do a religious act, and certainly no foundation for a life. So I ate a piece of cake, which signaled a turning point for me. Soon I let go of my religious practices and entered onto the spiritual path, in which I explored the world, studied with masters in many traditions, and enjoyed an explosion of higher consciousness. The cake eating heralded the beginning of one of the most spiritually productive periods of my life. Ultimately it led to me writing my first book, *The Dragon Doesn't Live Here Anymore*, which became very popular and set the stage for all the years that have passed since that time.

At a recent seminar I told the above story. After the program a fellow named Ray shook my hand and told me quite sincerely, "Thank you for eating that cake. Because you took that step that generated the life that followed, you have helped me and so many other people."

Ray's poignant comment took me by surprise. I hadn't thought about that act in such a broad context. I realized that that one small act can change not just your life, but the lives of many whom you touch. Never underestimate the power of any act of courage or kindness. When you live in alignment with your true self, you send out ripples that affect the entire universe.

A Course in Miracles tells us, "A miracle is never lost. It may touch many people you have not even met, and produce undreamed of changes in situations of which you are not even aware." You see but the tip of the iceberg of how you affect the world. You must trust that what you are doing with joy and inspiration is serving the planet, even if you do not observe immediate results. Some of the greatest contributors to humanity were not acknowledged in their own time. Van Gogh sold but one of his paintings for a pittance, yet more recently one of his works sold for \$150 million, the highest price ever paid for a piece of art. The divinely gifted Mozart was buried in a pauper's grave. Nikola Tesla, the genius who gave the world alternating current electricity, wireless communication, and x-rays, has been little known or acknowledged until recently. I am not suggesting that you need to be overlooked or unrewarded by the world; indeed those who give gifts deserve to be well cared for by life. I am suggesting that sometimes the good you do is not obvious at the moment you do it, and its ramifications are held in trust until the time is ripe. When or how you see the result of your service is less important than the fulfillment you experience in delivering it. Van Gogh, Mozart, and Tesla did not paint, compose, or invent for social glory. Their art, music, and science were totally rewarding for their own sake. True love requires not a response from the world. The satisfaction of love is in loving.

Every moment is a defining moment if you make it so. In the film **Tin Cup**, Kevin Costner's character states that when the defining moment comes, either you define it or it defines you. If you let the world define you, you will feel separate, lost, alone, and wonder what you are doing here. If you define your life according to your true values and intentions,

you will find meaning, service, success, and inner peace. If you have inner peace, you have everything. Without it, you have nothing.

Quantum physics describes "The Butterfly Effect," or "the sensitive dependence on initial conditions, where a small change at one place in a nonlinear system can result in large differences to a later state. The name of the effect . . . is derived from the theoretical example of a hurricane's formation being contingent on whether or not a distant butterfly had flapped its wings several weeks before." (Source: Wikipedia.) You are the butterfly, and the world is the effect.

You can magnify your awareness of your significant actions by acknowledging others for theirs. You get more of what you focus on and what you appreciate. When you thank someone for doing something that has helped you, your expression of gratitude deepens your awareness of the effects of your own actions. Even if you are not able to be generous with money, you always have the wherewithal to be generous with gratitude. Whenever I receive a word, email, or greeting card of thanks, the expression makes a big difference in my day. The next person I speak to receives the ripple effect of the good feelings I have gained. Every act counts.

The next time you stand at the crossroads of fear and faith, consider that thousands or millions of people might be helped by the choice you make. You do not walk alone.



Alan Cohen is the author of many inspirational books, including the new popular *Enough Already: The Power of Radical Contentment*. For more information about visit www.alancohen.com, email info@alancohen.com,

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Body Positive

Once people discover I work with individuals with eating disorders, I am often met with interesting, yet predictable comments: “As you can see, I don’t have one,” and “I wish I could have anorexia for just a little while,” or “I wish I didn’t like food as much as I do!” Regardless of the specific words, the content is the same: **Negative!** As we are in the middle of summer season I am increasingly saddened by the comments and general sentiment of friends, colleagues, and family who struggle with accepting their bodies and deprive them when it comes to the joy of food.



ish, your tummy will look slimmer, your skin will be like silk. The message that you are not perfect until you buy our product is presented to us thousands of times a day. What would happen if we avoided those messages and instead embraced our wrinkles and imperfections as a joyful part of who we are!

Compliment Others. We all see the beauty in our family

and friends, which goes far beyond just their outward appearance. When you see the inner beauty, be sure to share what you see with them. We all love when we are noticed for things that speak to our inner spirit and our gifts and talents, be sure to make it known when these things come to light when you are with others. Knowing that someone you care about can see through to your heart and recognize the gifts you have to share with the world goes far beyond any product you could buy. When you identify a talent or beauty in a stranger, be sure to share it, you never know when your compliment may just be the thing to change someone’s feelings for themselves from negative to positive.

4. Say Thank You. When a friend, colleague, family member or even a stranger offers a compliment to you, Accept It. We live in a culture which fosters a need to avoid acceptance of compliments or we feel a need to offer a compliment in return. Instead, take a moment to thank the individual for seeing something positive and beautiful within you. I am always saddened by a friend who I compliment and instead of being thankful, he/she takes the time to say something negative about themselves. Accept the compliment as sincerely as it is given!

We do not have to enter yet another day with dread and negative talk about our bodies. Instead love who you are and embrace the gifts, talents, and identity you have to share with this wonderful world. Look for the beauty all around you and do not allow the culture of negativity get in.

Paige Dewett, MS, LAMFT is a clinical therapist and community educator for A New Beginning, an outpatient practice specializing in the treatment of eating disorders and all other mental health struggles. She is passionate about providing accurate information to schools, professionals, and the medical community on the dangers of eating disorders and how to help those in need of care. A New Beginning, 480-941-4247 www.anewbeginning.com.

We live in a society focused on unattainable perfection, and the ideal of never “looking good enough.” We are bombarded with magazine covers focused on exercises and diets to get us ready for swimsuit season and how to find the right “style” for your body type. It all adds together to contribute towards the negativity we are programmed to feel about our bodies. How do we fight all of the negative messages out there and learn to love ourselves just the way that we are? Here are a few very simple steps to begin to turn the negative self-image around and spark a movement towards accepting the beauty in each body:

1. Start your day off right by looking into the mirror and giving yourself a compliment. Taking a moment to look yourself in the eye and say out loud a positive thought or being thankful for a certain part of your body and what it allows you to do can be just the thing to help set a positive mood for the day! Example: I have beautiful, strong legs which allow me to run, hike, or even jump-rope with my children. I am thankful for my beautifully-strong legs.
2. Avoid information which fosters negativity. If the magazine rack at the check-out stand makes you begin to question yourself, **stop looking!** Remember the photos of the models on the cover have undergone hours of photoshop to achieve that body, no amount of crunches or the latest diet will ever help you achieve that body type. Advertisers make us question our hair color, clothing choices, type of make-up we use, even the brand of soap — regardless of the advertisement the message is always the same: something is not perfect about you, but if you use our product that will change. Your dull hair will become vibrant, wrinkles will van-

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Dimension of Wellness, Healthy Sexuality

By RENEE SIEGEL, MA, LISAC, NCGC-II, BACC, LMT

“Sexual health is the experience of the ongoing process of physical, psychological, and sociocultural well being related to sexuality. Sexual health is evidenced in the free and responsible expressions of sexual capabilities that foster harmonious personal and social wellness, enriching individual and social life. It is not merely the absence of dysfunction, disease and/or infirmity. For sexual health to be attained and maintained it is necessary that the sexual rights of all people be recognized and upheld.” — *The World Health Organization*

There are many components to this definition. We recognize that it is an ongoing part of life and does not begin or end at a certain age.

We recognize that there are physical, mental and emotional, cultural and often time religious factors as well as those passed down to us from our teachers whether they were our parents, educators, friends or peers about sex. That information may or may not be accurate, and the way we express our sexuality is unique.

We are responsible for our actions, and healthy sexual expression fosters harmony and demonstrates personal and social wellness. It enriches the person expressing their sexuality. Sexual wellness is greater than the absence of a disease.

On a larger scale, looking at the sexual wellness of our world, we must recognize that all people are recognized as sexual human beings regardless of their gender sexual orientation or living circumstances, etc.

Use the following guidelines to determine how to assess your sexual health. Any question that you answer with a no, may be an area that you want to further explore.

- I understand and embrace that I am a sexual being.
- I am comfortable and confident in expressing my sexuality.

- I believe that there must be mutual consent in sexual behavior and my actions reflect that stance.
- All humans have a right to their own expression of their sexuality as long as it does not harm anyone and there is mutual consent.
- I understand that sexuality is more than reproduction and procreation.
- Everyone should be able to exercise his or her reproductive rights.
- Everyone should have the right and ability and responsibility to manage their own sexual health.
- Sexual health is an important part of my relationships.
- I know where to go to get accurate information about healthy sexuality.
- Sex is a natural drive.
- Sex is controllable energy.
- I always have a choice to have sex.
- Sex is nurturing and healing.
- Sex is an expression of caring and love.
- My expression of sexuality reflects my values.
- I feel safe when having sex.
- I am honest and communicate about my sexuality with my partner.
- I am able to set boundaries around my sexual expression.
- Everyone should have access to accurate, high quality sexual health information.
- All sexualities should be respected and accepted.

Renee Siegel is the Executive Director of ABC (Awareness, Balance and Connection) Wellness and Healing. She has been working to incorporate concepts of wellness and holistic health into her mental health practice for over 30 years. Renee’s life and her work truly reflect wellness. For more information contact her at 480-991-9818 or online at www.abcwellnessandhealing.com.



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Six Blind Men and Facebook

By DR. MARLO ARCHER

An Indian parable relays the experience of six blind men who encounter and describe an elephant, each having interacted with a different part, and thus, ultimately disagreeing about the nature of the creature with one describing it as a wall, another as a rope, and others as a pillar, a fan, a snake, and a spear.

I am reminded of this parable as I witness people from different standpoints encountering and describing Facebook. Thus far, I have heard Facebook described as a social network, a government conspiracy, a complete waste of time, a connector of family and friends, a Godsend, a jousting arena, a narcissist convention, digital crack, a fake world, a news source, stalker haven, a meat market, a homework tool, and as a sure sign of the apocalypse.

The words of John Godfrey Saxe, from his 1872 poem based on the Indian Parable, apply as well to the elephant examiners as they do to those who seek to describe Facebook with a single phrase:

*Each in his own opinion
Exceeding stiff and strong,
Though each was partly in the right,
And all were in the wrong!*

Each person who describes his or her own experience with Facebook is partly right because everyone’s personal experience is completely valid. However, all the people who reduce a description of something complex to a single, simple statement will also all be wrong. The only way a thing can be completely understood, as much as any thing can ever be completely understood, is to honor and consider all people’s opinions and consolidate them into a whole and complete description that includes as many aspects as are perceived.

Parents need to validate that their children stay connected to each other and have fun on Facebook and even do collaborate on school projects, learning important cooperative skills they’ll need in the work force. Parents also need to be aware that predators lurk on Facebook to seduce youngsters into online

“Parents also need to be aware that predators lurk on Facebook to seduce youngsters into online or real-world sexual experiences.”

or real-world sexual experiences. Parents need to acknowledge that the online community is a valuable part of their children’s socialization process and teach children balance by limiting their online time and facilitating face-to-face socialization experiences for them as well. The important word there is “facilitating.” Left to their own devices, kids are going to choose the internet. They need to be provided with interesting alternatives in order to abandon the fun that is right in front of them and instantly available.

Adults need to self-regulate their own online experiences and continue to examine whether their digital interactions are enhancing or impairing their relationships. It may be true that instant viewing of a cross-country friend’s photographs allows you to feel closer to a person you may only see every couple of years. It may also be true that hours of viewing photos online of tangential acquaintances pulls you away from the living, breathing people in your own house or neighborhood. Adults need to determine whether the internet is serving as a tool to help them accomplish important tasks or as a self-destructive weapon that is stealing time, energy, and self-esteem from them much like an addictive drug would do.

Whatever you think about Facebook, you are partially correct. Consider it’s complexities and use it in ways that make sense for you and your family and limit or discontinue it’s use when it is not serving your needs effectively.



Marlo Archer is licensed psychologist serving kids, teens, and families, married and parenting couples, and individual adults. For more visit www.darmarlo.com.



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Teens Teach Us the Answer

By SUSAN ROTHERY EDUCATOR, COUNSELOR, PARENT

In 2003, I was hired as a consultant to work with teens who had been unsuccessful in traditional high school settings. With these 250 students, I made numerous classroom presentations, spent countless hours with one-on-one sessions, met with families, visited homes, found jobs, submitted scholarships and facilitated support groups on campus. One morning, swamped with tons of messages and a few concerned parents, a seventeen year-old student, Steven, stepped into my office and asked if I had a few “moments” to talk. These “moments” would eventually alter the face of prevention and intervention opportunity for teens throughout the world.

“Mrs. Rothery,” he said, “a lot of us are in trouble. We are doing bad stuff. Some of us will never graduate and those who do, may not be able to hold a job, get in the military, or even just ‘make it’ on their own. Most of our parents tell us that we are ‘gone’ when we are 18. They’ve had enough. We see no hope; there’s no life out there for us. We need something that works.”

I could only nod. I knew that he was right. I just didn’t have the answer. But he did.

“We decided that we want our own 12 step meetings, right here on campus. We’ve heard that it is the best program out there, but we want it here...just for us, no one else. No old people, just kids. Can we do that?”

Surprised? I certainly was. In my 20 years of working with teens, I had never had a single student ask for this program. I had to literally bribe them to seriously work on life issues.

The phone started ringing. I muttered something like, “I’ll check on it” and he was on his way. I conveniently stored the question on a mental shelf for another day. I was off the hook for the moment and back to work. I seriously doubted that any program could truly change the momentum of the addictive behavior that was consuming our youth. Steven would most likely forget the conversation by the next class or at least by the next day. You know kids, right? Wrong.

Steven stepped into my office the following morning. “Did you find anything out?” he asked. The question was here to stay. I told him that I would do some homework on other 12 step meetings in public high schools and be ready to report back to him when we had our support group the next week. All I needed was to find a model. He smiled. It was enough.

His request would eventually become a lifeline that could open doors, bring communities and families together, and offer all youth a “second chance”. It was the beginning of a program that could calm their greatest fears and create an essence of unconditional support. And it began with the voice of one teen...

Where to begin? The problem was that I couldn’t find any 12 step programs offered in public high school systems in our state, in fact, the nation, the world. Isn’t everything on the internet?

Ok, so there was obviously some work to be done. I was up at bat. Steven was waiting.

Strike One

I called Alcoholics Anonymous and Narcotics Anonymous and asked them if they could bring a program to our school. I found that the meeting would have to be after the school day, in a building that was insured, with kids who were insured and, of course, with parent permission. I would have to find the 12 step leaders, sponsors, district approval, and no, there weren’t any “models” that they could give me at this time. Everyone was gracious, helpful and somewhat unsure

And the reality is that for most teens, adult meetings aren’t a good fit. Research states that teens seem to respect the process, but unfortunately, “Everyone is just too old.”

as to how we would cover all the bases and make this happen. Me, too.

Strike Two

I looked online. First off, 12 step programs have “God or a Higher Power”

in every step. Therefore, this program could never be part of the public school day. Supreme Court Decision. The discussion of God is not allowed to be part of curriculum. Not up for discussion. Why hadn’t I thought of that? No wonder we couldn’t find a model for this program in a public institution.

Strike Three

There are many philosophical commentaries on 12 step programs and teen recovery. Teens in behavioral health clinics frequently respond very positively to 12 step meetings. The real concern is that these teens are in a confined setting, with few choices. What happens to them after the 30 or 60 day plan, and they return to the same school or same neighborhood or same family? How do they stay committed to the program? Many try a few adult meetings.

And the reality is that for most teens, adult meetings aren’t a good fit. Research states that teens seem to respect the process, but unfortunately, “Everyone is just too old.” The results? The same addictive behavior continues to frequently escalate after treatment. Recovery is improbable with support systems that are not transitional into life.

(For those adults who attend 12 step meetings, please don’t be offended. Most teens consider anyone over the age of 21 to be “over the hill”. They often think that the best years are over, and there will be little joy in life when you are connected with a fulltime job and a bunch of bills.)

Some theorists feel that teens should never be “labeled” as addicts and that few to none will seriously make a lifetime commitment to sobriety when they are teens. Psychologists frequently refer to the lack of maturity at this age and the inability to make such profound decisions when full maturation doesn’t take place neurologically until the age of 25. I could respect both of these points.

Three Strikes...12 step meetings were out. I had done my duty. My report was ready for the next support group where I would state my case to Steven and his friends. The kids would simply have to accept the fact that there were some legitimate reasons why we couldn’t have 12 Step meetings at school.

Once again, I was wrong. I completely underestimated their vision and courage.



Susan Rothery has a Masters in Counseling and has been part of public education, teaching and counseling adolescents and families in crisis for the past twenty-five years. Susan works as a teen specialist, family consultant, and motivational speaker, while writing books on prevention strategies. Her works include: *Teen Addiction Anonymous Training Manual*, *Ten Challenges for Parent and Teen Survival* and *The Adolescent Health Promotion and Pregnancy Prevention Manual*, along with numerous articles written about her work, including: Arizona Kids Magazine, Arizona Best Practices publications and The Partnership for a Drug Free America. www.teenaddictionanonymous.org

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Behavioral Health Conference opens August 19 in Tucson

The 44th Annual Southwestern School for Behavioral Health Conference, Arizona’s largest and oldest mental/behavioral health conference, will be held at the Loews Ventana Canyon Resort in Tucson on August 19-23. The theme for the 5-day conference is *“Embracing Recovery and Wellness”* and features nationally known speakers and faculty, addressing a wide range of topics and issues relevant to behavioral/mental health, child welfare, addictions, and prevention. Continuing education credits will be awarded behavioral health professionals who attend the conference workshops.

Featured speakers and their topics include: “Clinical Supervision Training” by Michal Gorman, LPC; “Trauma, Attachment and Healing: The Journey to Wholeness” by Kenny Miller, ACSW; “A Novel Approach to Treating Chemical Dependency: The Integrative Addiction” by Dr. Ravi N. Chandiramani, ND, and “AzBBHE Update”, Debra Rinaudo, JD will present updated issues facing licensed practitioners.

The cost for the conference is \$360 if registered by August 20th (\$395 after Aug. 20). Registration and additional information is available on-line at <http://www.azsws.org> or contact Michele Brown at (480) 784-1514, ext. 1508, or via e-mail at michele.brown@empact-spc.com.

BILL W. from page 7

never been able to confirm it, it seems that some of the footage was shot in A.A.’s real headquarters: the film includes a map that shows A.A.’s explosive growth during the 1940s – the actual map that hung in A.A.’s offices at the time. Small portions of this appear in our documentary, Bill W. It’s the most authentic archival footage in existence concerning A.A. in the 1940s. Another film that treats A.A. is This is America: I’m an Alcoholic from 1947, a short recreation that tells the story of a man who finds sobriety. Though not nearly as good as the March of Time newsreel, it also captures the period, and we were able to use very short portions of it.

Eventually, we found we had to use some re-creations of our own in order to tell Bill Wilson’s story. We came to think of them as short, silent movies that provided a picture to carry the stories that Wilson himself was telling us via his archival audio. But some unexpected Hollywood documentaries from the actual period went a long way to solving one of the basic problems of making Bill W. – how to tell the story visually of a man who shied away from the camera for most of his life.

This article was written by Kevin Hanlon and Dan Carracino, the co-producers and co-directors of the film.

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- Personality and Thought Disorders

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dealing with chemical or sexual addictions, co-dependency and other **Hurts, Hang-ups and Habits**. 1825 S. Alma School Rd. Chandler. **480-963-3997**. Pastor Larry Daily, email: **larrydaily@chandlerccc.org**.

CELEBRATE RECOVERY — Scottsdale First Church of The Nazarene. Thursdays 6-9 p.m. starts September 13th. Support groups for men and women struggling with chemical addictions, codependency, sexual abuse, eating disorders and other hurts and hang ups. Contact Dotsy Conway 480-949-9494. Email: dotsytc@hotmail.com or James Pantera: jpantera@cox.net

GA Meetings —ACT Counseling & Education in Phoenix and Glendale. **Tuesday, Spanish** (men preferred) 7:00 -9:00 pm. 4480 W. Peoria Ave., Ste. 203, Glendale. **Thursday, Spanish** 7:00 - 9:00 pm 4480 W. Peoria Ave., Ste. 203, Glendale. **Sunday, Spanish** 6:00 - 8:00 pm 4480 W. Peoria Ave. Ste. 203, Glendale. **Sunday, English** 6:30 - 8:00 pm 5010 E Shea Blvd., Ste. D-202, Phoenix. Contact Sue F. **602-349-0372**

Sex Addicts Anonymous www.saa-phoenix.org **602-735-1681** or **520-745-0775**.

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**.

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.

ARIZONA INSTITUTE FOR SPIRITUAL DIRECTORS www.aeisd.org or call Marilyn Bever at 480-948-0707 ext. 124 for dates, time and cost.Franciscan Renewal Center at 5802E. Lincoln Dr. OASIS IN THE DESERT 8 month program meeting once a month beginning October 20th. Offers a spiritually based community supporting discernment and reflection of ones personal life questions and spiritual journey. Registration by Sept. 15th. FOUNDATIONS IN SPIRITUALITY —6 one day programs Pre-registration required. SPIRITUAL DIRECTOR’S TRAINING AND CERTIFICATION PROGRAM 16 months of integrative seminars, 4 retreats, supervised practicum September of 2013. Registration by August 15th.

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Recovery Chef

By LISA MACDONALD, MPH, RD, DIRECTOR OF NUTRITION SERVICES AT COTTONWOOD TUCSON AND EXECUTIVE CHEF, Richard Serna

Fruits and Vegetables: Much more to Consider than Raw vs. Cooked

Back in the 1980s and 1990s we used to promote raw vegetables as superior to cooked vegetables. We know more now. Both raw and cooked have nutritional value. Heat from cooking does destroy some vitamins in fruits and vegetables, particularly vitamin C. Minerals tend to be more stable and not as easily destroyed by heat as vitamins. Interestingly, some nutrients are actually better absorbed when cooked. Lycopene in tomatoes and beta carotene in carrots are more bioavailable or better absorbed when these foods are cooked. Lycopene and beta carotene are antioxidants promoted for disease prevention.

Fruit in salad is not only delicious, but also nutritious in ways you might not even be aware. Spinach is a good source of iron and calcium, however, oxalic acid in spinach binds iron and calcium making them difficult for the body to absorb. Cooking spinach or adding something rich in vitamin C, like strawberries, helps the body absorb these minerals better. Another example of improving bioavailability through preparation and cooking techniques is iron absorption from legumes (beans). Generally speaking, animal sources of minerals are better absorbed by the body than plant sources of minerals. However, by combining foods that are acidic or rich in vitamin C with these plant foods, the minerals become more easily absorbed. Adding tomatoes to beans, like in chili, makes iron easier to absorb by the body.

Yet another example of improved bio-availability of nutrients is the inclusion of fat when eating foods rich in fat soluble vitamins such as vitamins A, D, E, and K. Dark green leafy vegetables are rich in both Vitamin A and K. Beta carotene found in yellow and orange fruits and vegetables and lycopene found in red fruits and vegetables are both fat soluble micronutrients that will be better absorbed in the presence of fat. Once again, salad dressing with oil in it is not only a delicious addition to a salad, but adds to the absorption of nutrients.

Take Home Message

Eat a variety of fruits and vegetables, combine them in creative ways (think lots of color), utilize a variety of preparation techniques (cook them sometimes, eat them raw sometimes) and include oil from dressing or oil in cooking for better nutrient absorption.

Notice, in this recipe that Chef Serna is presenting, he combines a vitamin C source, strawberries and a fat source, the oil in the salad dressing, with spinach not only creating a delicious salad, but also improving bioavailability and absorbability of the nutrients that these foods have to offer.

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.

Strawberry Spinach Salad with Hazelnut Balsamic Dressing

- | | |
|--------|---|
| 4 cups | fresh spinach (lightly packed) |
| 2 cups | fresh strawberries (hulled and quartered) |
| 1 cup | red onion (thinly shaved) |
| ½ cup | fennel (thinly shaved) |
| ½ cup | fresh enoki mushrooms |
| ½ cup | daikon radish sprouts |
| ½ cup | toasted walnut pieces |
| 1 cup | Hazelnut Balsamic Dressing |
- (see recipe below)

Instructions: Combine all ingredients in a bowl and toss the salad with the Hazelnut Balsamic Dressing. Makes four servings.

Hazelnut Balsamic Dressing

- | | |
|---------|--|
| 2 oz | balsamic vinegar |
| 2¼ tsp | hazelnut oil |
| 4 oz | thickened vegetable stock (see recipe below) |
| ¼ tsp | Dijon mustard |
| 1½ tsp | honey |
| ¼ tsp | fresh garlic (minced) |
| 1/8 tsp | fresh ginger (minced) |
| ½ tsp | fresh lemon juice |
| pinch | salt and pepper |

Instructions: In a blender, add the balsamic vinegar, Dijon mustard, honey, garlic, ginger and lemon juice. Blend on low until all ingredients are combined. Slowly add the thickened vegetable stock and hazelnut oil. Add a pinch of salt and pepper and stop the blender. Remove the dressing and refrigerate. Lasts for 7 days.

Thickened Vegetable Stock

- | | |
|-------|-----------------|
| 4 oz | vegetable stock |
| 2 tsp | cornstarch |

Instructions: Bring the vegetable stock to a simmer. In a small bowl, add the cornstarch with equal parts water and mix to make a slurry. Whisk the slurry into the simmering vegetable stock. It should start to thicken. Continue whisking the vegetable stock for 2 minutes and remove from heat. Add to a small dish and let cool in the refrigerator until the thickened vegetable stock is cool to the touch. Use for the Hazelnut Balsamic Dressing.

**All Nutritional Facts for Cottonwood Tucson are estimated by ESHA Research SQL Food Processor Programs.*

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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NEWS from page 2

Government, told the newspaper. “The United States was worried about shipments of cocaine and heroin for years, but whether those policies worked or not doesn’t matter because they are now worried about Americans using prescription drugs.”

Mexico and Central American countries including El Salvador, Honduras and Guatemala, are facing growing violence caused by drug traffickers. The traditional American response has been to add law enforcement and military equipment and personnel, to help these governments fight drug trafficking.

The U.S. State Department has recently added a focus on programs to support stronger communities and legal institutions. The programs are training Mexican prison guards, judges and prosecutors, and supporting local programs designed to prevent at-risk youth from joining gangs. U.S. government officials acknowledge that arresting drug traffickers and seizing large drug shipments has not made Mexico more stable.

However, law enforcement, with a focus on cocaine interdiction, continues to be a major strategy in the U.S. government’s fight against illegal drugs, the newspaper states.


Vitamin D Deficiency May Lead to Faster Decline in Smokers’ Lung Function

Smokers with a vitamin D deficiency experience a faster decline in lung function than those who have normal vitamin D levels, a new study finds. The researchers said increasing vitamin D levels will not prevent smoking-related health problems such as cancer, heart disease or stroke.

Researchers from Brigham and Women’s Hospital in Boston examined the relationship between vitamin D deficiency, smoking, lung function and the rate of lung function decline over 20 years, in a group of 626 white men. They found vitamin D deficiency was associated with lower lung function and more rapid lung function decline in smokers over 20 years. The findings suggest that vitamin D sufficiency may have a protective effect against the damaging effects of smoking on lung function, *HealthDay* reports.

“Our results suggest that vitamin D might modify the damaging effects of smoking on lung function,” lead author Nancy E. Lange, MD, MPH, said in a news release. “These effects might be due to vitamin D’s anti-inflammatory and anti-oxidant properties.”

The findings appear in the *American Journal of Respiratory and Critical Care Medicine*.



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Web-Based Recovery Study Seeks Participants

A study funded by the National Institutes of Health is seeking people in recovery from an alcohol or drug problem to participate in a web-based survey. The researchers hope the study will help dispel the stigma that those in recovery face.

The goal of the “What is Recovery” study is to develop a definition of recovery that reflects the wide range of people who say they are in recovery, or recovered, or used to have a problem but do not now, or are in medication-assisted recovery.

The first part of the study included 238 people who completed online surveys, and 54 who completed in-depth telephone interviews. The second phase of the study contains 47 possible definitions of recovery, which were developed based on the study’s first phase. The researchers hope to reach more than 10,000 people with Phase 2 of the study, to obtain as many perspectives on their definitions of recovery as possible.

The researchers hope to answer questions such as whether recovery requires abstinence, whether someone can be “in recovery” if they are still drinking or using, and if recovery is more than just being clean and sober.

People participating in the study, conducted by the Alcohol Research Group, do not have to provide any personal identifying

What is Recovery?

Did you used to have a problem with alcohol or drugs? Are you in recovery, or do you know someone who is? We invite you to participate in a National Institute of Health project to understand recovery.

By “recovery”, we mean to include anyone who used to have a problem with alcohol or drugs (and doesn’t now), whether or not they use the term ‘recovery’.

Take a 20 minute online survey at **www.whatisrecovery.org**

information. The researchers will not be able to identify participants. Answers to the web survey are confidential. To participate, you must be at least 18, and consider yourself as being in recovery from an alcohol or drug problem. Visit the “What is Recovery” website to take the online survey.

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
Bill Ryan, Interventionist	602-738-0370
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
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
Seabrook House	800-761-7575
SLAA	602 337-7117
Sober Living AZ	602-478-3210
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
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Bernie Scarborough CPA	480-540-8628

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