July is National Minority Mental Health Month

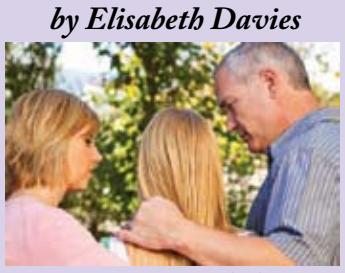
TogetherAZ

Inspiring Success On The Road To Recovery

July 2012

INSIDE THIS EDITION

DOES BOOZE MAKE YOU MORE CREATIVE?
by Elisabeth Davies



Parents Find Talking With Kids About Drugs Complicated by Legalization Measures

PLUS:
The Paint Can of Life
by Alan Cohen

The Curse Is Worse Than the Pain

An Interview with Dr. Mel Pohl by Suzanne Riss

Prescription pain medication abuse is reaching epidemic proportions, especially among adolescents. Dr. Mel Pohl, medical director of the Las Vegas Recovery Center, and one of the nation's leaders in studying prescription abuse, discusses the dangers of painkillers. He shares successful approaches he has used with patients and for his own chronic pain. He makes a compelling case for rethinking how we treat pain.

Together: Pain is the primary reason we go to see a doctor. Is the real problem that the most common treatment is medication?

Dr. Pohl: There's an underlying cultural problem here: We don't want to feel pain or anxiety. So we take a pill or we go on the Internet or we text or we gamble. As a society, we're oriented away from the present moment, and we try to take away any unpleasant feelings. The reality is that the world is filled with unpleasantness. We can't medicate it away. It's impossible. We can temporarily numb the brain with a drug. But the drug wears off, and then we need to do it again.

I think as culture, we need to learn how to deal with reality. And as a corollary, a lot of people are medicating emotional pain that they perceive as physical pain. They feel anxious, and their back starts to hurt, so they take a Vicodin. They're not making it up. Anxiety causes you to hurt more. Using pain medications to treat emotional pain is called "chemical coping," and it's a common phenomenon among people who get in trouble with these meds.

Do most people become addicted to prescription pain meds by accident — they underestimate how addictive the meds are? What's the typical scenario?

Dr. Pohl: There are three basic scenarios.

- The first involves people who will become addicted to anything that alters their mood, like drugs that hit the reward system of their brain. These are people who have an underlying addictive disorder, and they're at risk for problems with any drug. They may have used marijuana, alcohol, sleeping pills, cocaine. Then they find an opiate at some point. If they develop a painful condition, they then get into trouble with that drug.

- The second group has never had a problem with addiction. They drink socially. They might have experimented with marijuana or even cocaine recreationally. But when they're exposed to opioids to treat pain, they become addicted. These folks take more than they're prescribed and they chew or snort their oxycodone and Roxicet (Roxy's), which is the newest popular drug being abused. Those are signs they're out of control. They have become addicted although they never were before.

- The third group doesn't chew their drugs or take more than prescribed. They take their medications as they're supposed to but they keep getting worse. Their pain and anxiety are worse. Their functioning is diminishing. Yet these people continue to take the pain medication because they don't know what else to do. The medication only moderates their pain for a short while but they get stuck in a downward spiral of dependence on their prescription medications.

A number of people in this third group are referred to my treatment center by their family or physician; they're impaired but they don't think they have a problem. These are the toughest people for me to treat. They say, "You're crazy. I'm fine." Yet they fall asleep in their soup. The family sees problems but the person in pain doesn't. They think they're justified in taking their meds. This scenario may require some sort of intervention.

This is the essence of the prescription drug epidemic: The medical system provides the prescription and it's legal. And the insurance company pays for this. It's the patient and family who suffer.

More people in the U.S. die from prescription med overdoses than from motor vehicle accidents.

There seems to be disagreement in the medical community about the best way to treat pain.

Dr. Pohl: Many physicians, possibly the majority, think that if a patient is in pain — not just if they're terminally ill but also everyone with chronic pain — the patient is entitled to take opioids to relieve the pain. We made a big error when we started to use powerful opioids for people with chronic, non-cancer pain with no end in sight. An FDA panel is convening with experts to figure this problem out. The other group, and this is my school of thought, believes that opioids are not working for most people.

When used for chronic pain, opioids result in only a 30 percent in reduction in pain. Certainly for acute pain, if someone has broken their leg, opioids are appropriate as a short-term treatment of pain over a limited and finite time period. But if someone experiences chronic headaches or backaches or bowel disease, it's not going away. Patients and their physicians should have a plan for how this will look over the course of six months, six years and over the long term.

What would this type of pain treatment plan look like?

Dr. Pohl: For example, if prescription pain meds aren't working, and someone needs to double the dose, where this may end is overdose or death. And that's happening more and more. What doctors ought to do is have an exit strategy before the drugs are started and share this plan with the patient – "If the opioids don't work, if you need to escalate the dose and your functioning is decreasing, then you should try something else." It's hard work to deal with a patient who isn't doing well.

We're in the process of creating a much-needed national program to educate physi-

The Curse is Worse Than the Pain cont. page 9

Parents and Teens are Looking for Help…What Do We Truly Have to Offer Them?

by Susan Rothery
Educator, Counselor, Parent

As a teen and family crisis counselor for thirty years, working with high schools and family service agencies to support education, recovery and healing, I can attest to the fact that we are in the midst of a major crisis. You may have become immune to the deluge of teen tragedies as you observe this in the media daily, but it is time to pay attention.

We are living in a world that appears to be redefining itself each minute. The sense of keeping any kind of "balance" is untouchable. Kids are being challenged at multiple levels, and we are losing them. Whether they are looking for support in gangs or abusive relationships; whether they are suffocating with depression leading to self-mutilation, eating-disorders, and other destructive habits; whether they are using drugs and alcohol, dropping out of school, simply "giving up", teens are looking desperately for a "way out" of the loneliness, pressure and instability that faces them each day.

We, as a society, have tried. Billions of dollars are put into "programs". There are businesses that offer credible, reliable "teen and parenting" information on a continuous basis

have high levels of stress and confusion. High

and are readily available for the interested parent. Speakers, drug kits, research, clinics, counselors, social workers, assessments, as well as and facilities are utilized within youth support programs, physical health problems a dent in the pattern of addictive behavior within this generation. Twenty percent of our teens admit to coming to school under an influence, thirty-five percent are binge drinkers, fifty percent smoke pot, and heroin is one of the many party drugs of choice. Heroin, really? If this doesn't concern you…then you are immune to the catastrophic losses within this generation. You have forgotten that these are our children, our future.

Perhaps you are horrified. Good. Not all of us "get it". Most of us have survived in a world that surrounds us with addictive behavior. We simply choose to ignore it. We acknowledge some habits as being more "acceptable" than others. At least that is the message that we give our teens. If a teen is able to party every weekend, get decent grades, stay on the "team" and have cool friends…isn't that perfectly acceptable? Does it matter that he/she tries a few hits of coke, doesn't drink less than 6 to 8 beers at a time, secretly stays in an abusive relationship, cheats his/her way through school and/or drives around "high" now and then? Isn't this about survival of the fittest? Are we over reacting, unless a teen is arrested; a teen overdoses; a teen is found dead?

We have decided to wrap our brains around test scores. Sure, that is the answer.

Parents and Teens *continued page 5*

publisher's note

Recovery is about Freedom

By Barbara Nicholson-Brown

Like most addicts, I didn't know I was a prisoner to my addiction until I hit bottom. If I wasn't drinking or using, my time was spent creating lies telling myself it wasn't "all that bad."

No matter how painful the hangovers and headaches — I could not admit I had a problem. I had so many excuses for my behaviors, they almost sounded rehearsed. Yet deep down I knew the truth — and it hurt. So I drank more and more trying to mask the feelings of guilt, remorse, and fear.

Believe me, it was a dark lonely existence, and if you have been there yourself, you know what I mean. Imagine a life filled with shame and the inability to look anyone directly in eye. If I did, they'd know. What I couldn't comprehend was everyone who was close to me knew the truth way before I did. My family and friends had finally given up trying to offer sound advice and help, I wouldn't hear of it.

Me? An alcoholic? Denial kept me from coping with reality in a mature way and stole lots of moments that I will never have back again — don't let it steal yours. Take back your freedom.

Who's Counting?

- 40 percent of those who started drinking at age 13 or younger developed alcohol dependence later in life. Ten percent of teens who began drinking after the age of 17 developed dependence.
- Ten percent of teens report that they have attended a rave, and ecstasy and other drugs were available at more than two-thirds of these raves.
- Teens that drink are 50 times more likely to use cocaine than teens who never consume alcohol.
- 63 percent of the youth who drink alcohol say that they initially got the alcohol from their own or their friend's homes.
- Alcohol kills 6 ½ times more teenagers than all other illicit drugs combined.
- Teenagers whose parents talk to them on a regular basis about the dangers of drug use are 42 percent less likely to use drugs than those whose parents don't.
- More than 60 percent of teens said that drugs were sold, used, or kept at their school.

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10105 E. Via Linda, Suite A103-#387

Scottsdale, AZ 85258

Reach us 602.684.1136 | 480.767.7880

www.togetheraz.com

email: aztogether@yahoo.com

FOUNDER & CEO: H.P.

In gratitude and the memory of

William B. Brown, Jr.

Publisher/Managing Editor

Barbara Nicholson-Brown

Advisors

Rick Baney

Karen Franklin

Bobbe McGinley, MA, MBA, LISAC

George J. Nicholson

Independence

By Dr. Dina Evan

Don't you love that word? Independence! It has a nice ring to it and such a strong energy and essence that you nearly expect a flag at the end of it instead of some passive punctuation. Normally, when we use this word we are talking about those who have fought in war and we celebrate them with sincere appreciation, firecrackers, noisemakers and flags. However, we live in a new era today and we are fighting a very different kind of war. Today, we are fighting for our very survival and the weapon of this war is consciousness.

Today our planet, and our survival, depends upon you becoming an independent thinker and that is not popular, albeit priceless. People who stay in the pack with what is popular conventional thinking, keep us trapped in the status quo, or take us backward. You don't have to be a brainiac to be an independent thinker. Kids at two or three eat their shoes and talk to their bananas. They are independent thinkers. Somewhere along the way, after being stirred with a bit of parental, or societal pressure, we loose that creative imagination, and that skill. How do we get back to this desperately needed quality of character?

First, we pull up our big girl and boy pants and rediscover our courage. We need to stop listening to the media, who seldom if ever tell the truth about anything anymore and we begin to listen to the wise voice inside us that really has all the answers. Perhaps, it's time to give up our adoration for mindless entertainment and go back to perceiving the world and everyone in it from the foundation of acceptance. Let's kick separation and animosity to the curb. It doesn't seem to be working for us.

"Take a moment to remember in awe, respect and gratitude those who have valiantly fought for our freedom. Then decide to fight for yours."

Secondly, let's deliberately seek out information and experiences that debunk our old ways of thinking and challenge us to move to the fertile ground of curiosity. You can find that rich soil in a new neighborhood, a volunteer position with persons who are homeless, or who have AIDS, a foreign country, a good book or a kick-ass master teacher that asks you to think. Tom O'Leary, an Australian Alien living in Japan says, we should begin to "practice disbelief." I believe he means instead of will-less acceptance. After all, the right use of will is to push the edges of our current limited awareness with compassion.

Third, start asking your self what really matters. Is it the quality of your character and soul or is it being right and or part of the in-crowd? Being still from time to time to ask that question, has a humbling effect and tends to put things back into the right perspective and priority. In addition, watching ourselves from a distance can be very entertaining. "It's never too late to change the programming imprinted in childhood, carried in our genes or derived from previous lives; the solution is mindfulness in the present moment."—Peter Shepherd

One of the most important aspects of independence is integrity. Inherently, we are free and independent, but only in equal degree to the level of our awareness. The more you know, the more you understand what is truly important and what is not and the freer you become to stand in and voice what the wisdom inside you knows to be true.

Integrity is very real and tangible. Integrity is measurable and embodies such traits as: taking personal responsibility, keeping your word and being faithful in the little things. It's about being honest, standing your ground for what is right, maintaining your honor and sense of virtue, being morally upright (however that looks to you personally), making right choices and doing what you say you will do. Integrity, like love, is something you cannot pretend to have. You either have it or you don't, and the majority of life's circumstances will ask that you prove that you have it. If your core belief is one of integrity, your decisions will bear that out. If not, that too will become obvious. The more you stand in your integrity, the more independent you become. You are less guided by outside influences than you are by your own center of wisdom.

Ralph Waldo Emerson said, "I pack my trunk, embrace my friends, embark on the sea, and at last wake up in Naples, and there beside me is the stern fact, the sad self, the unrelenting identical (person) that I fled from." Real independence take courage, it's not for sissies. Nevertheless, the truth is, that as long as you keep seeking your good feelings and applause from outside yourself, you are clearly not yet independent. You can't be independent if you let others tell you what your values ought to be.

So, this July 4th, take a moment to remember in awe, respect and gratitude those who have valiantly fought for our freedom. Then decide to fight for yours.

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

·N·E·W·S·

Study Links Prescription Drug Abuse and Depression, Suicidal Thoughts in College Students

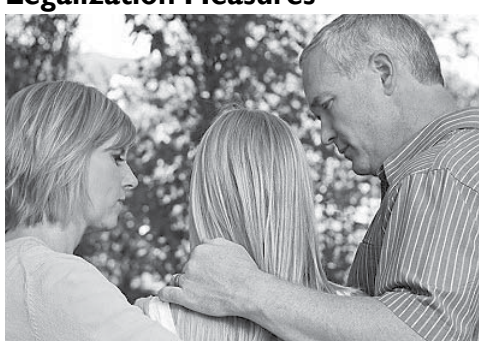
A new study finds college students who use prescription drugs for non-medical purposes are at increased risk of depression and thoughts of suicide.

The researchers analyzed the answers of 26,600 college students who participated in a national research survey by the American College Health Association. They were asked about their non-medical prescription drug use, including painkillers, antidepressants, sedatives and stimulants, as well as their mental health symptoms in the past year.

About 13 percent of students reported non-medical prescription drug use, Science Daily reports. Those who reported feeling sad, hopeless, depressed or considered suicide were significantly more likely to report non-medical use of any prescription drug. The link between these feelings and prescription drug abuse was more pronounced in females, the researchers report in Addictive Behaviors. The researchers conclude that students may be inappropriately self-medicating psychological distress with prescription medications.

"Because prescription drugs are tested by the U.S. Food and Drug Administration and prescribed by a doctor, most people perceive them as 'safe' and don't see the harm in sharing with friends or family if they have a few extra pills left over," researcher Amanda Divin of Western Illinois University said in a news release. "Unfortunately, all drugs potentially have dangerous side effects. As our study demonstrates, use of prescription drugs — particularly painkillers like Vicodin and OxyContin — is related to depressive symptoms and suicidal thoughts and behaviors in college students. This is why use of such drugs need to be monitored by a doctor and why mental health outreach on college campuses is particularly important."

Parents Find Talking With Kids About Drugs Complicated by Legalization Measures



Parents are finding it more difficult to have discussions with their children about why they shouldn't use drugs, as a growing number of states are allowing medical marijuana, or considering legalizing recreational use of the drug, the Associated Press reports.

Colorado and Washington state will vote on legalizing recreational use of marijuana for adults on November 6. Currently, 17 states have legalized medical marijuana. More than a dozen states, and many cities, no longer have criminal penalties for small-scale possession of marijuana, or have made it a low-priority crime for law enforcement.

Parent-child conversations about marijuana "have become extraordinarily complicated," said Stephen Pasierb, President of The Partnership at Drugfree.org, a national non-profit organization helping parents and families solve the problem of teen substance abuse. Legalization and medical use of marijuana have "created a perception among kids that this is no big deal," Pasierb said. "You need a calm, rational conversation, not yelling and screaming, and you need the discipline to listen to your child."

Ethan Nadelmann, Executive Director of the Drug Policy Alliance, which promotes marijuana legalization, said that since today's parents are more likely than in the past to have tried the drug themselves, they are finding conversations with their children "are becoming a lot more real." He told the AP, "Parents know a lot more about what they're talking about, and kids probably suspect that their parents did this when they were younger and didn't get in trouble with drugs. There's still hypocrisy, but the level of honesty and frankness in the parent-child dialogue about marijuana is increasing every year."

A survey released last month by The Partnership at Drugfree.org suggests teen marijuana use has become a normalized behavior. Only 26 percent agree with the statement, "In my school, most teens don't smoke marijuana," down from 37 percent in 2008.

Pain Patches Slowly Catching On in U.S.

Pain patches are slowly gaining in popularity in the United States, where 88 percent of pain relief comes in the form of pills. USA Today reports the patches are catching on as Americans suffer from aches and pains as they age, and as they become concerned about the risks of pills.

Over-the-counter pain patches are much more expensive than pills. For instance, a five-pack of Salonpas arthritis pain patches are about $9, the same price as almost 100 Advil pills, the article notes.

Patches must be disposed of carefully, so that children and pets cannot find them. Patches still have medication on them even after they are used, notes Dr. Scott Zashin, Clinical Professor of Medicine at the University of Texas-Southwestern Medical School.

Children who are exposed to medication through family members' transdermal patches are at risk of overdose, experts warn. There have been cases in which children have sucked on used medication patches, or used discarded patches. They can even be exposed to medication through the hug of someone wearing a patch.

The Food and Drug Administration has issued safety warnings about properly using and disposing of the patches, including instructions to fold the patches sticky side down and flush them down the toilet to prevent children and pets from retrieving them.

New Studies Shed Much-Needed Light on Alcohol-Induced Memory Blackouts

National survey studies suggest that roughly one in four college students who drink will experience a blackout in a given year, making blackouts a surprisingly common outcome of excessive drinking.

Blackouts are periods of amnesia, caused by excessive consumption of alcohol, during which a person actively engages in behaviors but the brain is unable to create memories for what transpires. This leaves holes in a person's memory that can range from spotty recall for the events of the previous night (known as fragmentary blackouts) to the utter absence of memory for large portions of an evening (known as en bloc blackouts).

Blackouts are very different from passing out, when a person falls asleep or is rendered unconscious from drinking too much. During blackouts, people can participate in events ranging from the mundane, like eating food, to the emotionally charged, like fights or intercourse, with little or no recall. According to Dr. Aaron White, Program Director for Underage and College Drinking Prevention Research at the National Institute of Alcohol Abuse and Alcoholism (NIAAA), "It can be quite difficult for an outside observer to tell if someone is in a blackout. The person could seem aware and articulate, but without any

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Recovery fromMarriage Conflicts

By **Larry Solomon,** M.A, L.P.C, L.I.S.A.C.

For the last three issues we have explored emotional needs in a marriage and the source of conflicts. We have seen how unmet needs lead to hurt feelings. Communication styles change when feelings are hurt. Before long, communication breaks down or gets misunderstood and neither spouse gets their needs addressed appropriately in the marriage. In this article we will look at the steps necessary for reconciliation.

As anyone that is in recovery can tell you, problems don't get "fixed" because change doesn't occur instantly. You must go through the steps. It is the process of going through the steps where the changes occur that bring about recovery and reconciliation.

The first order is to right our wrongs. This occurs in stages and cannot be hurried. Once the marriage is on its way to becoming healthy we want it to stay there. We don't want it to slip back to the way it was. This can happen if we move too fast and try to repair everything at once. The second order is to keep the marriage healthy. I call this the maintenance stage.

All told, there are four stages to recovery in a marriage.

Education

In order to right the wrongs, we must first learn what is wrong. We usually find it to be some form of communication breakdown. There are many forms of miscommunication in a marriage, not just the spoken word. In fact, research shows that only 10 percent of communication is the actual spoken word. The other 90 percent of communication is in body language, voice tone, voice volume and the rhythm of the voice. Also consider that miscommunication can be what is **not said**. Miscommunication can also be what is not displayed in body language or voice tone. It can get complicated.

In the education phase you learn how you have miscommunicated with your spouse. You will also learn how you have misread what your spouse is trying to communicate to you.

Practice

Once a couple has acknowledged their wrongs, they are ready to try doing it right. This is done in small steps. Couples run into problems when they try to address the bigger issues with these newly learned techniques. An example would be talking about how the in-laws are handling the children. While one spouse might express their initial concern appropriately they may not be ready for the emotional retaliation that might ensue. When this occurs they may quickly revert back to their old methods of communication which results in the same old arguments.

In the practice stage I have couples start with small issues like household chores. When they can have an appropriate conversation on how to do the laundry to both of their satisfaction they are on their way to addressing bigger issues.

Damage Control

Once a couple has been through the practice phase with some success they are ready to address the bigger issues in the marriage. These topics tend to center around money, parenting and sex. A couple needs a good foundation to address these issues. As these troublesome areas are addressed you may notice old patterns begin to emerge. Don't be alarmed. It is good that you notice. This is a necessary part of the process. These difficulties reinforce the need to continue to work on improving communication skills. Also, don't be in a hurry to resolve the issue. When difficulties arise it is time to step back and practice healthy techniques. If the conversation hurts your feelings, say so. A couple may find they bounce back and forth between the damage control and practice stages many times before they reach a resolution.

Maintenance

Once damage control has been addressed we enter into the maintenance stage. This is the euphoric stage we want to achieve. If we were taught proper communication skills early in life we might have achieved this stage much earlier. In the maintenance stage we address the emotional needs on a daily basis. We discussed those emotional needs in previous articles. The primary emotional needs are acceptance, validation and encouragement.

With that said, there is no need to delay the maintenance stage. Even before the major issues are resolved it is good to make a conscious effort to address each other's need. In order for the marriage to be healthy these emotional needs should be addressed on a daily basis. There is no better time to begin healthy communication than today.

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

Parents and Teens *from page 1*

If our teens pass enough tests, then we are doing our job. Somehow the "rest" will go away. With their diploma, they will turn into responsible, productive citizens with a great future. Wrong. Graduating from high school can be an indicator of future success, but it is one part of the package deal. Unless we find a way to educate teens about finding their own sense of empowerment, in a world that offers a media slammed with abusive, narcissistic and shallow lifestyles, they will never be able to appreciate their own sense of value and will not find a way to process decisions with any sense of reason.

"OK, I get it", you say. The question still remains, "What do we do?" It's not that we don't see what is coming down upon our children. We just don't know the answers. It's not that we haven't tried to reach out. We go through multiple motions, but working with a teen is tough. How do we "fix" anything, when often times, we are on a "survival" mode ourselves?

I have spent my entire career as an educator, counselor and mother, trying to find the answers along with all of you. I felt that my efforts created the "band-aid" effect. Sometimes, I was fortunate and a few words of advice or consoling seemed to take care of the problem. That was before my kids reached the age of 12. In reality, I (as a mom) wasn't "enough"; I just thought that I could be. No matter how you approach a teen, who is struggling with peer and life issues, you are NEVER quite enough. If you don't believe this, then you might be in denial. I know that I was.

I remember counseling one student, who had been abandoned as a child, who said to me, "No one ever gives me the answers that I am looking for. People try. I know that they care. But the pain never stops. It never gets better." Where do we possibly begin? How do we approach all of those kids who feel so alone, so trapped, so inundated with insecurity within a world that offers so few answers? We can no longer point to the "other" person's child, because some of those kids, despite our best efforts, are our own children.

So what do we do as parents? We hide behind our fears. We keep our kids busy. We sign them up for sports, music, drama, etc. We buy them all the things that we didn't have or we try to make up for their disappointments by being their close friend and, oh yes, we set fabulous goals for their future. And, by the way, these efforts don't always work. Sometimes, we pretend that all is well when it is not, or that problems will go away, when they don't. After all, they ARE teenagers, and weren't we just as confused? Maybe. But we also sense that our kids today face a new kind of danger, that they are surrounded by a type of violence, a sense of unrest, a lack of conscience.

And sadly enough, our fears are real.

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 resides in Phoenix, Arizona, where she 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

Donations to Teen Addiction Anonymous will provide educational program seminars to youth support agencies for implementing Teen AA strategies and program format. Teen AA's 12 steps have been approved by AA Worldwide Services. Funds may not be solicited from teens. Teen AA is dependent on the generosity of its community. Checks or money orders may be sent to:

Teen Addiction Anonymous
33917 N. 23rd Lane/Phoenix, AZ 85085

A Peek into the Addictive Mind

By Bobbe McGinley

Do you think your judgment is good enough to choose what will be most helpful in your determination to be in recovery? Sometimes self-doubt is strong, especially if you have come to think of yourself as "out of control." But think about this, even if you are full of self-doubts or are questioning addictive patterns that are surfacing, you still have many capabilities and can make right decisions. It doesn't matter if you've made wrong choices in the past.

As you read you are able to identify words and understand them, and it is my hope you will learn something new that is helpful here. Half of solving any problem is recognizing it. No matter what we have done in our addictive behaviors, most of us are not completely without judgment, resources or capabilities.

One common thinking error is the all-or-nothing approach, or seeing every challenge in black and white.

Who hasn't made mistakes? Sometimes it causes us to believe we aren't capable of trusting our own judgment, that we are entirely off center. That is just an example of all or nothing thinking. Probably your judgment in many, if not most areas of your life is probably on track. Most of us take our competence for granted. If your judgment is adequate in some areas of life, with some work it can be developed in other areas as well. Anyone who is truly willing can learn how to overcome addiction — and what is needed most is the help of others.

You may ask, "Well if my judgment is so good, why I haven't I gotten clean and sober sooner?" Reality is perhaps you weren't ready to, or suffered enough consequences (i.e. hit a bottom). No doubt about it overcoming addiction involves facing up to the conflict most addicts and alcoholics face — on one hand we want to continue on the downward spiral and on the other it may be time to surrender. Many addicts and alcoholics continue to live in denial hoping the problems will go away.

Changing jobs or neighborhoods, developing new relationships, or other life changes won't make an addiction disappear. There may be temporary relief or happiness, but it isn't going to fix the real issue.

Whenever someone decides to face up to their demons, it is a huge step in the right direction and the beginning of the process of sobriety. We are the only ones who ultimately can make the decision to change. It takes willingness, courage and commitment. Don't give up the fight for your life. Living a day at a time without substances or alcohol will open a whole new world.

- **Pre-contemplation.** Pre-contemplators do not want to change their addictions. They may not even consider addiction a problem. They are usually unwilling to think much about their addictions.
- **Contemplation.** Contemplators are well aware that a problem exists, and they are seriously considering doing something about it. They devote some time to thinking about what they might do and weigh the costs and benefits of the addiction as well as of different ways to change it.
- **Determination.** During this stage, the individual begins to take small steps toward solving the problem and commits to taking major steps within a month.
- **Action.** This is the stage of major effort and behavior change. It is the most visible of the stages and is defined as lasting from one day to six months of successful action.
- **Maintenance.** This is the "relapse prevention" stage. Short-term success has occurred in the action stage. Now long-term projects are the focus. Progress on them makes a return to the addiction less and less desirable, and less and less likely.
- **Relapse.** Unfortunately some people cycle through the stages several times, and others don't necessarily have that experience. Fortunately, once someone has made it to Action, it is unlikely that he or she will fall back all the way to Pre-contemplation. That in itself is hopeful and definitely worth working for.

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

Does Booze Make You More Creative?

Don't believe everything you read

By Joe Nowinski

On April 11, 2012, the ***New York Daily News*** published an article titled "Beer Makes Men Smarter," which got a lot of attention. Is that really true? Let's take a closer look.

Here's how it got started. The March 2012 online edition of the journal Consciousness and Cognition included an article coauthored by Jennifer Wiley, a psychologist at the University of Illinois, along with two graduate students, titled ***"Uncorking the Muse: Alcohol Intoxication Facilitates Creative Problem Solving."***

Here is what these researchers did:

Beginning with a group of 40 men, none of whom were identified as alcoholics or problem drinkers, half were given a mix of vodka and cranberry juice, enough to bring their blood alcohol level to 0.75, or just shy of the legal limit of .08. The other half did not drink anything. Both groups were then given two tests, one that involves memorizing words and one involving "word association," which asks people to think of a word that "goes with" a series of words, such as "apple, banana, _____."

What does it prove?

What did they find? They found that the intoxicated group did better on the word association test, but worse on the memory test. So, does that prove that drinking makes men smarter? Well, that depends in part of what your idea of "smarter" is. For example, what role does memory play in intelligence (and creativity)? And how exactly does word association relate to creative success?

The relative performance of these two groups was measured in a highly controlled setting. We have no way of knowing what the results would be if we compared a group of six-beers-a-day men to a group of men who drank two beers two or three days a week.

In commenting on the implications of her research on creativity, Dr. Wiley was fairly circumspect, saying, "Sometimes the really creative stuff comes when you're having a glass of wine over dinner, or when you're taking a shower." But the writer of the Daily News piece went much further, stating of the results: "It may also help to explain why raving drunks like Ernest Hemingway, John Cheever, and Charles Bukowski were able to write their books."

A Reality Check

Could it be true that famous authors, such as Ernest Hemingway, may have been successful in part to the fact that they were notoriously heavy drinkers? Let's look at a few examples:

- Both Ernest Hemingway and a famous contemporary, F. Scott Fitzgerald, produced their best work early in their careers, before they became alcoholics.

- Fitzgerald died in his early 40s of a heart condition caused by his alcoholism. Sadly, in his later years, as he struggled to write, Fitzgerald referred to alcohol as a "stimulant," whereas it is actually a depressant. His struggle continued, and his later works are generally considered inferior to his earlier books such as *The Great Gatsby* and *This Side of Paradise*.

- Hemingway committed suicide after succumbing to flagrant alcoholism. It is widely recognized that, like Fitzgerald, he hit his literary prime early, not later. He wrote *For Whom The Bell Tolls* when he was 40; he shot himself at the age of 62.

- Then there is Truman Capote. He also became an alcoholic and died an early death, at age 59, in 1984. Capote, too, produced his best work prior to being ravaged by alcoholism. *Breakfast at Tiffany's* was published in 1958, In Cold Blood in 1966.

So it would appear that drinking might not facilitate creativity after all, at least not in the long run, as much as we might be tempted to believe so. The above authors all drank to excess, but not to facilitate their creativity; rather, they likely drank to quell their inner demons, whatever they may have been.

Writing a book, like any other creative endeavor, requires complex cognitive skills. These include not only the ability to think conceptually but also the ability to organize and articulate one's thoughts. It also helps to be able to remember what you wrote two chapters ago. In other words, it's a long stretch from "apple, banana, _____" to any of the above literary masterpieces.

To be sure, sharing a beer or two with friends can be an enjoyable experience. I have male friends and we enjoy these times together. (We, of course, do not have problems with alcohol.) However, I pity the man who is struggling with writing (or any other creative activity) who concludes that drinking is the pathway to creative success and who seeks a solution through drinking.

Footnote: *As women were not included in this study we do not know if intoxication can also facilitate their creativity. That leaves open the question of whether Jane Austen could have done even better had she been an alcoholic.*

Dr. Joseph Nowinski is an internationally recognized clinical psychologist. He is co-author with Robert Doyle, MD, of *Almost Alcoholic: Is My (or My Loved One's) Drinking a Problem?* He lives in Tolland, Connecticut. This article originally appeared in *The Huffington Post*.

Statewide Mental Health Support Groups & Resources

NAMI AZ: Select your local affiliate and select "Support Groups" www.namiaz.com/page16/index.html
MIKID AZ: Select your location and select "Support Groups" www.mikid.org/
Southeastern AZ Consumer Run Services "SEACRS" seacrs.blogspot.com/
Transitional Living Centers "TLC": Helping recovering substance abusers rebuild their lives since 1992 www.transitionalliving.org/index.html
TripleR ClubHouse AZ: www.trbh.org/id25.htm
Hope Inc. Tucson AZ: www.hopetucson.org/
University of Arizona, RISE Health and Wellness Center: wellness.fcm.arizona.edu/index.php?q=&$2
NAZCARE Inc.: www.nazcare.org/index.html
Visions of Hope: www.phxhope.org/
Stand Together & Recover "S.T.A.R.": www.thestarcenters.org/recovery.asp
Center for Health Empowerment, Education, Employment and Recovery Services "CHEEERS, Inc.": www.cheeers.org/#
Recovery Empowerment Network "REN": www.renaz.org/
Our Place Club House: www.opclubhouse.org/
Hope Lives- Vive La Esperanza: www.vivehopelives.org/
If you would like to add your agency's Support groups to our list, please send the link to your information to tracy.young@azdhs.gov

EVENTS CALENDAR

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

July 12— 9:00 a.m.-12 p.m. Stonewall Institute in collaboration with Magellan of AZ Presents a free LGBTQ Cultural Competency Training. 3 Counselor CEUs. Magellan, 4801 E. Washington St., Phoenix, AZ 85034. Trainers: Kyle J. Penniman & Julian Melson, Stonewall Institute. Register Magellan of Arizona 602-572-8210

July 16-20 – Tucson – **Cottonwood Tucson – InnerPath Women's Retreat.** This five-day retreat has been designed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. Facilitated by **Rokelle Lerner**. Visit **www.cottonwoodtucson.com** or call Jana at **520-743-2141** or email at jmartin@cottownoodtucson.com for information and registration.

July 23-27 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat. 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 **cottonwoodtucson.com** or call Jana at **520-743-2141** or email at jmartin@cottownoodtucson.com for information and registration.

"CORONARY ARTERY DISEASE CAN BE REVERSED." FREE presentation will be offered by The Foundation for Cardiovascular Health a 501(C) 3 nonprofit community foundation; Thursday August 16 from 7:00 to 8:30 pm. Tucson Jewish Community Center, 3800 East River Road and Saturday August 25 from 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. Presenters Edna Silva, RN, a 20-year cardiac rehabilitation nurse and Richard "Richy" Feinberg. Richy had a heart attack in 1993, quadruple bypass heart surgery one week later, and another heart attack two months later. Presentation informs how blockages are formed in coronary arteries, and how coronary artery disease can be prevented, halted, stabilized and reversed. Participants can learn proven relaxation techniques to calm their hearts. "Ask questions and get answers." Richy may be reached at **520-797-2281**.

ON GOING SUPPORT

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 or 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, among supportive and caring people. 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, MA, LPC.* **DEPRESSION Support.** Helps with issues surrounding depression, stress and anxiety. Every other Tuesday (call counseling office for dates), 6:30 - 8:00 p.m. *Facilitator: Mike Finecey, MA, LPC, LISAC.* **GESTALT THERAPY Support.** Gestalt Therapy is an existential and experiential psychotherapy that focuses on the individual's experience in the present moment and the environmental and social contexts in which these experiences take place. This group will help attendees acquire the tools to make self-regulating adjustments that enhance their lives. Wednesdays, 6:30 - 8:00 p.m. *Facilitators: Deborah Weir, MC, LPC and Barry Evans, MC, LPC.* Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale. **480-948-7460**. **www.thecasa.org**
Pathway presents CHOICES. Teen workshop/support group, activities night open to all teens ages 12 to 21. **480-921-4050** or email: zeebies@msn.com. Gilbert location.

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

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.**

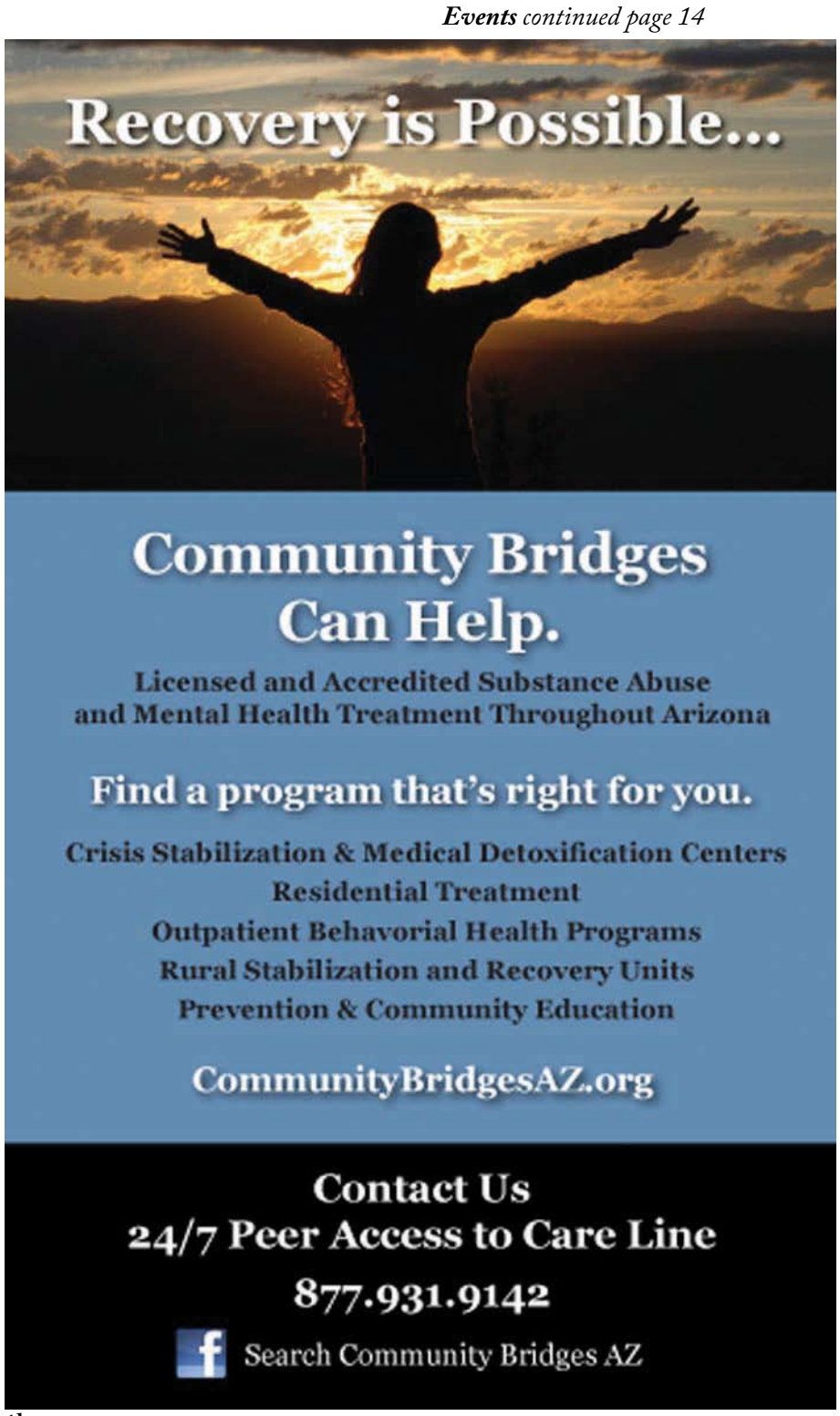
ACA meeting. Tucson. Every Wednesday 5:30-7:00 p.m *Streams In the Desert Church* 5360 E. Pima Street. West of Craycroft. Classroom A (Follow the signs). Contact Michael **520-419-6723**. Plus 7 more meetings in Tucson call for details.

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.**

Events *continued page 14*



Chronic Pain *from page 1*

cians. This will come from the highest levels of government — from the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) and the Office of National Drug Control Policy (ONDCP). We need to have them invested in doing something about the fact that more people in the U.S. die from prescription med overdoses than from motor vehicle accidents.

About 7 million people take prescription drugs non-medically, including pain relievers, tranquilizers, and stimulants, according to the National Institute on Drug Abuse (NIDA). Is there a particular pain med that's being abused more than others these days?

The drug that was most notorious for being abused was OxyContin. It was introduced as having no addictive potential. It's released slowly if it's swallowed. If it's chewed, snorted or smoked, it's an instant, intense high. OxyContin was the cause of many deaths in Kentucky, and became known as "hillbilly heroin."

Because of government intervention, a new formulation of OxyContin has been created and you can't crush it anymore. One level down in strength is hydrocodone (Vicodin and others), which is the most prescribed medication in many states. The CDC recently reported that in 2010, there were enough opioids prescribed to treat every person in the U.S. with 5 mg of Vicodin every 4 hours for a month. One reason we're in trouble is that the pharmaceutical industry is in the business of selling drugs and is driven to make a profit.

Do you think doctors are overprescribing? Between 1991 and 2010, prescriptions for stimulants increased to nearly 45 million from 5 million, and for opioid analgesics to 209 million from 75 million.

Dr. Pohl: If you're talking about pain, the story is a sad one. The pharmaceutical industry wants to expand its markets to make more money, billions more than it was making 10 years ago. So the industry is sending out a message via advertisements and physician advocates that it's unfair for people to suffer, that there are proper ways to treat pain.

Part of their message is that nobody gets addicted. There are actually no good studies about the effect of long-term use of opioids, but there is a standard practice of prescribing opioids for all sorts of chronic pain. The government hadn't been watching until recently. I think this is why we're in the mess we're in—it's a cultural and medical and pharmaceutical mess. Conspiracy is a strong word, but it comes to mind. The efforts to expand the market for opioid painkillers have been very successful in terms of financial gain but not for quality of care nor improvement in patients' lives.

What's one of the biggest misconceptions about prescription painkillers? Should there be a warning on the label?

Dr. Pohl: Perhaps the warning should say: don't rely on only your physician to be safe. Prescribers aren't trained well enough in the art of prescribing opiate medication. Go to the website for the Centers for Disease Control and Prevention (www.cdc.gov) and do some research yourself.

"Doctors are paying more attention to pain in attempt to be compassionate but this has totally backfired."

Chronic pain is on the rise — the majority of adults in the U.S. (57 percent) have experienced chronic or recurrent pain in the last year. According to the American Chronic Pain Association, about 100 million Americans suffer from chronic pain. What's going on here?

Dr. Pohl: Part of what's happening is that we're aging as a population. There's also an atmosphere that endorses and rewards complaining about pain. The Joint Commission on Accreditation was convinced that we're undertreating pain — that every hospital should query every hospitalized patient about their pain on a 1 to 5 level of pain. In fact, pain is now the fifth vital sign after temperature, respiration, heart rate and blood pressure. So you have four objective measures and one subjective measure — pain.

Doctors are paying more attention to pain in attempt to be compassionate but this has totally backfired. Many people are able to manage pain very well without medication. In actuality, the more you ask about pain, the more attention you give it, the more pain there is. In treatment, we teach people to distract themselves from the experience of pain and they suffer less.

Unintentional deaths involving prescription opioids have quadrupled since 1999 and now outnumber those from heroin and cocaine combined. Why are there so many accidental overdoses?

Dr. Pohl: I see people take a couple of prescription pain pills, and then a Valium, and they forget if they took their pain pills. They accidentally take more pain pills than appropriate. And people mix pills, especially sedatives and opioids and alcohol. People can take higher and higher doses of meds that they think are safe, but they are not, and they stop breathing.

Do we have misconceptions about the safety of prescription meds because a doctor prescribed them, so they seem safe to take under any circumstances, such as while driving?

Dr. Pohl: There is a new crisis with drugged driving. It's a challenge for the legal system because the person can say, "I have a prescription." How many people are taking prescription pain meds and driving? What's their efficiency level? When you take opioids, your concentration and sleep and memory are disturbed. Airline pilots can't fly on these meds.

"About 70 percent of 12 graders get prescription meds from their parents' medicine cabinet."

People are getting started with prescription drug abuse at an earlier age — NIDA says 1 in 12 high school seniors reported nonmedical use of Vicodin; 1 in 20 reported abuse of OxyContin. How are they getting a hold of prescription narcotics?

Dr. Pohl: Use among high school seniors has been on the rise the past five years. About 70% of 12 graders get prescription meds from their parents' medicine cabinet. The lesson for parents is to keep your prescription meds with you — don't keep them in the medicine cabinet. Teenagers are also getting the drugs from friends. Teens attend "pharm parties" where they get all the pills they can and them

Chronic Pain *continued page 14*

Dr. Mel Pohl, M.D., a Board Certified Family Practitioner, has been named one of the 2011-2012 Best Doctors in America. He is the Medical Director and the Vice President of Medical Affairs at the Las Vegas Recovery Center, the only private, freestanding, medically managed inpatient detoxification and addiction treatment facility in Las Vegas, Nevada. He is a Fellow of the American Society of Addiction Medicine (ASAM) and co-chaired ASAM's Third, Fourth, and Fifth National Forums on AIDS and chemical dependency. Dr. Pohl is the former chairman of ASAM's AIDS Committee and a member of the Symposium Planning Committee. He is a Fellow of the American Academy of Family Practice and a Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Nevada School of Medicine. He is the author of ***A Day without Pain.***

The Paint Can of Life

By Alan Cohen

I recently painted a deck on my house. I enjoy painting, a meditation in being present that doesn't require much thought but lots of attention. If you tend to live in your head, paint something. Your hands may get dirty but your mind will stay clean.

With just a few planks left to color I noticed I was almost out of paint. Looking back and forth between the paint can and the unfinished boards I wondered if I would have enough paint to finish the job. I dipped my brush in the remaining paint and made sure I didn't drip any unnecessarily. I repeated the process until I was swirling the brush around the inner sides of the paint can to make sure I absorbed every ounce of liquid. After several minutes I was amazed at how much paint I had "squeezed" out of the remaining supply. By the time I finished, the inside of the can was completely dry.

It's amazing how much you appreciate things when there is just a little left, and how much more use you get out of them. I have had the same experience with the end of toothpaste tubes. You can get a lot of toothpaste out of the last few squeezes! The same goes for writing postcards. Have you ever written a postcard while on vacation and filled the space with large letters of banal words? Then, when you realize you're running out of space, you start writing what you really wanted to say in little letters around the margin. Or have you phoned someone, gotten their answering machine, greeted them with pleasantries, and just when you were ready to deliver your message you got cut off by an annoying beep?

All of these experiences lead to a poignant lesson: Do what's important first. As Thoreau suggested, "Live deep and suck out all the marrow out of life."

The trick, of course, is to make every moment count before it is your last one. One of the gifts of facing death is to gain the appreciation of life. Many people who have been given a terminal diagnosis shift their life to enjoy every moment so richly that their disease disappears. My friend Shin-ichiro Terayama was a physicist who was told that he had cancer and but a short time to live. Shin went to a Japanese garden to meditate on the purpose of his life. There he decided to dedicate his life to appreciation and celebration. He began to say "thank you" for everything, including his cancer as a wake-up call. A few months later Shin was pronounced cancer free. That was 25 years ago. Now Shin teaches the power of appreciation. He is like a light bulb, always smiling and shining, teaching by radiance more than word.

My friend Bruce told me that he remembers his first thought as a child. When I asked him how old he was at the time, he answered, "the moment of my birth." What was the thought? "Don't forget," Bruce told me. "My soul was branding my purpose into me as I crossed the threshold from the other world to this one: Don't forget who you really are. Don't forget that you are born of spirit. Don't forget what you came here to do."

Of course Bruce forgot, as we all do. Like all of us, he fell under the hypnosis of earth, the belief that we are alone, limited, mortal, and separate from love. It is a rare soul who remembers truth in the face of illusions. Yet Bruce, also like the rest of us, at some point began to consciously remember. He began to reclaim his identity as a spiritual being and recognize the presence of love in a world gone crazy with fear. Exactly what we all need to do and, each in our own way, are doing.

Why, then, if we live in a universe of abundant supply, do we experience lack and limits? A sense of limits helps us focus on what we have and use it wisely. People who have little means generally appreciate their assets more than people who have boundless means. My mentor Hilda Charlton lived in India for eighteen years. She told me that some people in that country are so poor that if they get a tin can they appreciate it as a treasure. They use it over and over again and cherish it. By contrast, I know people who have extraordinary volumes of stuff, but appreciate them little. Who is closer to heaven?

I'm not suggesting that we need to live poor or labor under lack or limits. I am suggesting that we need to celebrate what we have and make the best use of it. A woman called in to my radio show (www.hayhouseradio.com) and asked me the difference between right use and consumption. I told her that if you value what you have and use it to help yourself or others, that is right use.

If you can apply the paint carefully and lovingly even before you get to the last drips in the can, the paint has served you well and you will be at peace with your project. While we seem to have many different projects in life, one theme is the deck on which they all sit: You always have enough if you are using well what you have. That's what not to forget.

Alan Cohen is the author of many inspirational books, including the newly-popular E*nough Already: The Power of Radical Contentment*. For more information about this program and Alan's other books and free daily inspirational quotes via email, visit www.alancohen.com, email info@alancohen.com, or phone 1 808 572-0001

This is Your Brain in Freeze Mode: Cold Facts of an Ice Cream Headache

By Jeffrey C. Friedman, MHS, LISAC

The ultimate comfort food, ice cream is an $11 billion retail industry. The United States ranks first in worldwide consumption of ice cream averaging 48 pints per person a year. And Portland, Oregon leads all other U. S. cities in per capita ice cream consumption. Everyone seems to agree that ice cream is a delicious refreshment, albeit a sometimes guilty one.

But even those of us who happily tolerate a few pangs of guilt to indulge our hankering for ice cream have had our enjoyment of the treat unhappily interrupted by a sudden, brief spell of pain in our forehead. This is the familiar and annoying ice cream headache. This phenomenon is also known as "brain freeze" or by the more formal term "cold stimulus headache." As with other maladies, the ice cream headache has its own tongue-tying medical term, in this case sphenoplatine ganglioneuralgia or nerve pain of the sphenopalatine ganglion.

The most common form of headache, an ice cream headache is usually experienced as brief cranial pain, felt in the midfrontal, temporal or retro-orbital areas, lasting 20-30 seconds, and usually occurring about 10 seconds after the quick consumption of ice cream or another cold food or beverage. An ice cream headache can be a painful buzz-kill but it is usually over quickly and causes no permanent damage.

Ice cream headaches occur in about a third of the general population but in 93% of migraine sufferers. In fact, an ice cream headache can actually trigger a migraine in some people. Ice cream headaches usually occur only in a warm environment and are also more common in people who have suffered a head injury.

An ice cream headache results from the rapid swelling and subsequent constriction of the anterior cerebral artery caused by a cold substance coming in contact with the roof of the mouth. A similar response in neighboring blood vessels causes the characteristic flushing response that happens when one is out in cold weather. Rapid swelling and subsequent constriction of the anterior cerebral artery increases blood flow to the brain - a critical physiological response to make sure the brain stays warm and healthy. This swelling/constricting reaction is sensed by pain receptors around the anterior cerebral artery which conduct pain signals to the brain via the trigeminal nerve, a major nerve branch serving the facial area. And, because the trigeminal nerve senses facial pain, the brain interprets pain signals from the roof of the mouth and sinuses as coming from the forehead or cranium. This phenomenon is known as "referred pain."

Because ice cream headaches are the easiest kind to induce in a research setting, they may prove helpful in the study of migraines and post-trauma headaches. In fact, some researchers believe the ice cream headache may prove to be an ideal model for a migraine headache since the kind of blood flow changes that occur in an ice cream headache are suspected in migraines and since both ice cream headaches and migraines involve disordered thresholds to sensory stimuli.

Doctors advise anyone who suffers an ice cream headache that they might ease it by pressing their tongue against the roof of the mouth for a few seconds, tilting their head back or drinking a tepid or warm beverage. Ice cream headaches can be avoided entirely by consuming cold foods and beverages slowly or avoiding cold foods and beverages altogether.

But this might be good advice for readers of ***Together AZ***, most of whom live in a hot, arid climate. Research has shown that the hotter the climate, the more potential there is of falling victim to brain freeze. But Arizonans don't let a little pain stand between them and their enjoyment of their favorite frozen treat. Let New Yorkers eat their ice cream slowly, you've got to be tough to live out West.

Jeffrey C. Friedman, MHS, LISAC is a primary therapist at Cottonwood Tucson, a 50-bed inpatient behavioral health treatment center located in Tucson. He is a summa cum laude graduate of The School of Graduate Studies at Lincoln University (PA). Jeff's work at Cottonwood includes treating disordered gambling patients, lecturing on the neurobiology of addictive and mood disorders, and presenting workshops on a range of behavioral health issues at counseling conferences throughout the Unites States, Europe and Asia. Jeff's articles have appeared in ***Together AZ***, Counselor Magazine and Addiction Professional.

When You Need Help

PHOENIX /VALLEY AREA

ACT Counseling & Education	602-569-4328
AZ NicA	480-990-3860
Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
ACA	602-241-6760
Aurora Behavioral Health	623-344-4400
AZ Office of Problem Gambling	800-NEXTSTEP
AWEE	602-258-0864
Banner HELP LINE	602-254-4357
Bipolar Wellness Network	602-274-0068
Calvary Addiction Recovery	866-76-SOBER
Cocaine Anonymous	602-279-3838
CoDA	602-277-7991
COSA	480-232-5437
Commun. Info & Referral	1-877-211-8661
Community Bridges	480-831-7566
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Crystal Meth Anonymous	602-235-0955
Emotions Anonymous	480-969-6813
EVARC	480-962-7711
Gamblers Anonymous	602-266-9784
Greater Phx. Teen Challenge	602-271-4084
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Magellan Crisis Hotline	800-631-1314
Marijuana Anonymous	800-766-6779
The Meadows	800-632-3697
Narcotics Anonymous	480-897-4636
National Domestic Violence	800-799-SAFE
NCADD	602-264-6214
Nicotine Anonymous	877-TRY-NICA
Our Common Welfare	480-733-2688
Office Problem Gambling	800-639-8783
Overeaters Anonymous	602-234-1195
Parents Anonymous	602-248-0428
Psychological Counseling Services (**PCS**)	480-947-5739
The Promises	866-390-2340
Rape Hotline (CASA)	602-241-9010
Remuda Ranch	800-445-1900
Runaway Hotline	800-231-6946
Scottsdale Intervention	480-588-5430
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts Anonymous	602-337-7117
Sex Addicts Anonymous	602-735-1681
SANON	480-545-0520
Sober Living of AZ	602-478-3210
Suicide Hotline	800-254-HELP
St. Lukes Behavioral	602-251-8535
Step Two Recovery Center	480-988-3376
Teen Dating Violence	800-992-2600
TERROS	602-685-6000
Valley Hosptial	602-952-3939
WINR	480-464-5764
Workaholics Anonymous	510-273-9253

TUCSON

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

To get listed email: aztogether@yahoo.com

Dimension of Occupational Wellness

By Renee Siegel, MA, LISAC, NCGC-II, BACC, LMT

Most of us spend a considerable amount of time at our workplace, even if we work from home. We each hold a perception about our work life, and many times it feels like a burden or it feels heavy. Our overall sense of well-being includes occupational satisfaction. There is a path to occupational wellness. The major tenant of this path is personal satisfaction and self-enrichment. Although this may seem like a new concept, we can enjoy our work, no matter what our current job is.

Our attitude about work, no matter what we do, shapes our current job satisfaction. By cultivating a sense of gratitude even if we ultimately desire to have another job, we can live with a sense of job satisfaction.

Here are some of the traits of occupation satisfaction or occupational wellness:

- loving what you do
- doing what you love
- being in a good environment at work
- balancing work and play
- having a manageable work load
- having mentors and those to teach
- using your talents and gifts at work
- having a job with purpose and meaning

The following are some questions that will assist you in determining where you are in your Occupational Wellness.

Any area that you have answered no to is worthy of further investigation to move closer to a path of occupational wellness.

- Are you currently in a career you love?
- Do you love what you do at work?
- Do you enjoy going to work, even if it is at home?
- Do you like the environment where you work?
- Are you able to balance work and play?
- Do you have a manageable work-load?
- Do you know when it is time to let it go of work?
- Do you have good communication at work with both those who mentor you and those whom you mentor?
- Do you know how to remain motivated in a career you love?
- Does your work have both meaning and purpose?
- Do you have a sense of personal satisfaction about your job?
- Are you able to contribute one or more of your talents, gifts or skills when you work?
- Do you have an occupational mentor (someone whom you can speak with about your work and future goals or plans)?
- Do you know how to work smarter and not harder?
- Are you willing to receive guidance or teaching from others?
- If you are not doing what you currently love, are you willing to do to make the necessary changes?

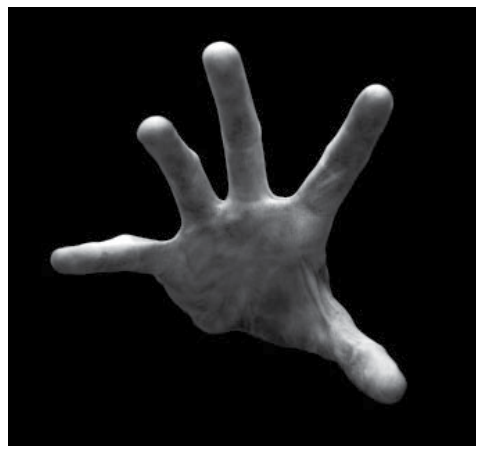
Renee Siegel is the Executive Director of ABC (Awareness, Balance, and Connection) Wellness and Healing. She is passionate about incorporating wellness concepts into all of her life! For more information, please visit her web site at www.ABCWellnessandHealing.com

GOT NEWS?

Send your press releases to aztogether@yahoo.com for consideration

Zombie Apocalypse Coming Soon to a Neighborhood Near You?

By Dr. Marlo Archer



Although George Romero's *"Night of the Living Dead"* was released the year I was born, I doubt I saw it until I was much older, like maybe 12 or 13, probably at my best friend Laura's house when a 16-year-old babysitter that shouldn't have let us watch it... did. In any case, that was my first introduction to zombies and I found them as scary and unlikely as vampires which was, in both cases, very.

However, it appears that both have become a distinct possibility with the rise of increasingly destructive drugs and drug interactions.

Boy, if the possibility having your friend bite your face off at a party isn't a deterrent for young people to avoid drugs, I don't know what is. The thought that your roommate could possibly hack you up and eat you seems like it would serve as a pretty good reason not to do drugs, and yet, we see that repeatedly, these unpredictable substances are being chosen over and over again, proving the seductive nature of addictions.

I don't think many 14-year old, affluent, B-student athletes wake up on the Tuesday before graduation and say to themselves, "Gosh, I wonder what cannibalism would be like. I think I'll try some bath salts and go eat a homeless man's face." However, I do think a fair number of said normal kids do take their first puff on a joint with the end of the school year in sight and summer's freedom approaching. Most of the kids who do that have a fairly enjoyable experience, think little of it and repeat it a number of times over the summer with few, if any, negative consequences.

However, it's those kids who, while high at a party, also take someone's extra Xanax or some Oxycodone that someone got a hold of and they find that that's a pretty cool experience, too. No biggie, just a little chillin' out with their friends, no eyeball-gouging, no machetes, no naked freeway escapades, just a little partying.

Those Freshmen become Sophomores who sometimes develop a fondness for the Oxy and may begin using it more regularly and find that they can still get B's and C's and might not start as often as they used to, but don't get cut from the team.

Junior year those kids are trying mushrooms and ecstasy, cough syrup and maybe peyote, and so far, most of them may not have even been caught by their parents or had any frightening or disturbing experiences. They likely smoke marijuana daily and can maintain mostly C's, with a few D's.

"It's those kids who, while high at a party, also take someone's extra Xanax or some Oxycodone that someone got a hold of and they find that that's a pretty cool experience, too."

Good, decent kids who are doing too many drugs by Senior year either drop out, or barely pass, and they most likely aren't going on to college, but if they have a pizza delivery job that can fund their party lifestyle, they won't likely care about that for several decades. It's at the pizza place that they get introduced to the meth, heroin, or cocaine that eventually causes them to lose their job, become homeless, and get naked and eat a guy's face. Don't let your kids get naked and eat a guy's face. Stop them from doing drugs now.

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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memory being recorded."

Dr. White found in a study he conducted in 2002 that half of the 800 college students surveyed experienced at least one alcohol-induced blackout, 40 percent experienced one in the previous year and nine percent reported a blackout in previous two weeks. In a 2009 study of 4,500 students about to enter their freshman year of college, Dr. White found 12 percent of males and females who drank in the previous two weeks experienced a blackout during that time.

In the first few months of 2012, three new studies were published about blackouts among college students. According to Dr. White, "We know that alcohol is capable of causing episodes of amnesia, but what takes place during those episodes, the consequences that follow and why some people are more susceptible to them than others are still unclear. That is why these recent studies are so important."

Dr. Marlon Mundt and colleagues at the University of Wisconsin School of Medicine and Public Health recently published two papers on blackouts. In the first study, they observed that college students who black out are more likely to experience alcohol-related injuries than those who do not. Those reporting a history of six or more blackouts at the beginning of the study were more than 2.5 times more likely to be injured in an alcohol-related event over the next two years. The second study estimated that emergency department costs due to injuries sustained during blackouts could total $500,000 or more per year on large campuses.

A study by Dr. Reagan Weatherill at the University of California, San Diego, and colleagues from the University of Texas, Austin, provides important insight into why some people are more likely to experience blackouts than others. Compared to subjects without a history of blackouts, those with a history of blackouts exhibited a significant decline in activity in the frontal lobe of the brain, measured using fMRI, during the completion of a memory task while intoxicated. The findings suggest that some people are more likely to experience alcohol-induced blackouts than others due to the way alcohol affects brain activity in areas involved in attention and memory. Dr. White adds that studies of twins have pointed to a genetic vulnerability to blackouts–if one twin tends to black out, so does the other one.

The way college students drink increases the odds of blackouts, says Dr. White. "Alcohol is more likely to cause a blackout when it gets into your body, and therefore your brain, fast. It catches the memory circuits off guard and shuts them down. Doing shots or chugging beer, and doing it on an empty stomach, gets the alcohol into your bloodstream quickly."

"Females are at particular risk for blackouts. They tend to weigh less than males and have less water in their bodies for the alcohol to get diluted into, which leads to higher levels of alcohol in the brain."

He also notes that females are at particular risk for blackouts. They tend to weigh less than males and have less water in their bodies for the alcohol to get diluted into, which leads to higher levels of alcohol in the brain, he explains. They also have less of an enzyme called alcohol dehydrogenase in the gut that breaks down a small percentage of alcohol before it even gets into body. Females also are more likely to skip meals to save calories when they drink, so there is less food in the stomach to help absorb the alcohol. They are also more likely to drink beverages with higher alcohol concentrations, like wine and mixed drinks rather than beer.

In order to avoid blackouts, Dr. White advises drinkers not only to limit the total amount they consume, but to pace themselves, add in non-alcoholic beverages and eat food while they're drinking. For more about safe drinking limits he refers readers to the NIAAA website, Rethinking Drinking.

Study Links Prescription Drug Abuse and Depression, Suicidal Thoughts in College Students

A new study finds college students who use prescription drugs for non-medical purposes are at increased risk of depression and thoughts of suicide.

The researchers analyzed the answers of 26,600 college students who participated in a national research survey by the American College Health Association. They were asked about their non-medical prescription drug use, including painkillers, antidepressants, sedatives and stimulants, as well as their mental health symptoms in the past year.

About 13 percent of students reported non-medical prescription drug use, Science Daily reports. Those who reported feeling sad, hopeless, depressed or considered suicide were significantly more likely to report non-medical use of any prescription drug. The link between these feelings and prescription drug abuse was more pronounced in females, the researchers report in Addictive Behaviors. The researchers conclude that students may be inappropriately self-medicating psychological distress with prescription medications.

"Because prescription drugs are tested by the U.S. Food and Drug Administration and prescribed by a doctor, most people perceive them as 'safe' and don't see the harm in sharing with friends or family if they have a few extra pills left over," researcher Amanda Divin of Western Illinois University said in a news release. "Unfortunately, all drugs potentially have dangerous side effects. As our study demonstrates, use of prescription drugs — particularly painkillers like Vicodin and OxyContin — is related to depressive symptoms and suicidal thoughts and behaviors in college students. This is why use of such drugs need to be monitored by a doctor and why mental health outreach on college campuses is particularly important."

Use of ADHD Drugs Grew By 46 Percent in Children From 2002 to 2010

Use of drugs for attention deficit hyperactivity disorder (ADHD) in children jumped 46 percent from 2002 to 2010, according to a new report in the journal Pediatrics. Ritalin was the top drug prescribed for teenagers, with more than four million prescriptions filled in 2010.

"What the article is suggesting is that the number of children that we are treating for attention deficit disorder has gone up," said Dr. Scott Benson, a spokesperson for the American Psychiatric Association, told Reuters. "For the most part I think the overall increase reflects a reduction in the stigma. It used to be, 'You're a bad parent if you can't get your child to behave, and you're a doubly bad parent if you put them on medicine.'"

Overall, the number of drugs prescribed to children in the United States dropped slightly from 2002 to 2010. Antibiotic use and prescription painkiller use both decreased 14 percent. Prescriptions for allergy medications, cough and cold medicines and antidepressants also dropped.

The report found 263 million prescriptions for minors were filled in 2010, down 7 percent from 2002. When population changes are taken into account, that corresponds to a 9 percent drop, the article notes. Adult prescriptions rose 11 percent during the same time period.

A recent article in The New York Times noted a growing number of high school students are using ADHD drugs, such as Adderall and Ritalin, to help them get better grades. Teens get them from friends, buy them from student dealers, or pretend to have ADHD in order to get prescriptions.

Children Need Help Too!

Children in families experiencing alcohol or drug abuse need attention, guidance and support. They may be growing up in homes in which the problems are either denied or covered up. These children need to have their experiences validated. They also need safe, reliable adults in whom to confide and who will support them, reassure them, and provide them with appropriate help for their age. They need to have fun and just be kids.

Families with alcohol and drug problems usually have high levels of stress and confusion. High stress family environments are a risk factor for early and dangerous substance use, as well as mental and physical health problems.

It is important to talk honestly with children about what is happening in the family and to help them express their concerns and feelings. Children need to trust the adults in their lives and to believe that they will support them.

Children living with alcohol or drug abuse in the family can benefit from participating in educational support groups in their school student assistance programs. Those age 11 and older can join Alateen groups, which meet in community settings and provide healthy connections with others coping with similar issues. Being associated with the activities of a faith community can also help.

Resources for Information and Help

Call your county health department and ask for licensed treatment programs in our community. Keep trying until you find the right help for your loved one, yourself and your family. Ask a family therapist for a referral to a trained interventionist or, call the Intervention Resource Center at 1-888-421-4321.

Self-Help Groups

Al-Anon Family Groups
www.al-anon.org
Alateen
www.alateen.org
Alcoholics Anonymous
www.aa.org
Adult Children of Alcoholics
www.adultchildren.org

For a pastoral counseling center in your community, visit www.aapc.org

For More Information

SAMHSA's National Helpline
1-800-662-HELP
www.findtreatment.samhsa.gov
National Association for Children of Alcoholics
www.nacoa.org
National Council on Alcoholism and Drug Dependence
www.ncadd.org

***EVENTS** from page 8*

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

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

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**

CELEBRATE RECOVERY—City of Grace, Mesa. 655 E. University. Fridays, 6:00-10:00 p.m. Chapel Bldg. 7. Linda Rinzel **480-464-3916.**

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

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

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

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

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

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

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.

Happy Alcoholics. WOMEN'S ALCOHOLICS MEETING. Casa de Cristo Lutheran Church. 6300 E. Bell Road, Bldg.15, Room 115. (63rd Street and Bell Road) Tuesday mornings beginning at 7:30 a.m. **Contact Marni at 602-418-2800.**

SEND YOUR EVENT LISTINGS to **aztogether@yahoo.com**

***Chronic Pain** from page 9*

dump them in a bowl. Everyone reaches in and takes anything and everything. Their attitude is that these prescription meds are safer. We know that kids' attitudes about prescription drugs impact their use. The perception of safety causes an increase of use.

What advice do you have for a parent trying to help their teenager who appears to be abusing prescription meds?

Dr. Pohl: Unfortunately, the effects of prescription drugs aren't always apparent. It's not like with alcohol where parents can see their kid slur words or with marijuana where there's a smell and other evidence to suggest intoxication. Pupil size shrinks when on opioids, but that can be difficult for parents to see. Any big change from the norm — in grades, mood, functioning — can be a sign. Parents need to raise the threshold of suspicion. At least one out of 10 high school seniors is doing this drug – this could be happening in your house. So have the conversation proactively.

At what age should parents have this conversation?

Dr. Pohl: It should start really early, before age 10, because that's when kids formulate their attitudes about medications. So you want to have a courageous conversation about life and pain and emotions and the dangers of drugs. You want to have weekly talks about drugs and have zero tolerance for using these drugs in your household.

What does treatment for addiction to pain meds typically involve?

Dr. Pohl: People shouldn't simply stop taking these meds cold turkey. There's an element of physical dependence. The best way to stop is under a doctor's supervision. If the doctor says you can't come off the pain meds, get another doc. Here at the Las Vegas Recovery Center, patients go through detox, typically for 5 to 10 days, but it can be as long as 3 weeks. We give them meds to help block the symptoms of withdrawal. The alternative is to cut down gradually as an outpatient under the supervision of a medical practitioner. It's a weaning down process, but as the dose of meds goes down, the pain can go up, so it can be a daunting task.

How do patients manage their pain once they're off pain meds?

Dr. Pohl: For some people, when they're off opioids, their pain goes down. They have less pain, but their pain isn't gone completely. They're usually left with some discomfort. We created a program that lasts four weeks. We look at life balance. We look at physical, mental, and cognitive thought processes. We explore how you think and feel about pain. It's also a spiritual approach to pain.

The most important thing you can do with a person who is in chronic pain is to get the person moving. Inactivity causes muscles to almost freeze up. Yoga, stretching, chi gong or physical therapy are all good — we do all of these here. Movement is critical: walk, swim and get your muscles lubricated. We also do massage, chiropractic work and acupuncture.

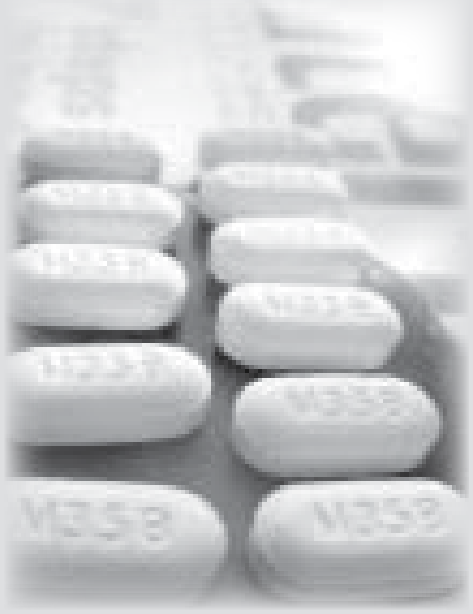
How much do our emotions impact our pain?

Dr. Pohl: If you sum up a description of chronic pain, 20 percent is sensory and the rest — a full 80 percent — is emotional. People have anxiety about pain, and about their loss of their sense of identity. Fear, anger and frustration drive their experience of pain much more than the physical/sensory part. This doesn't make the pain any less real.

A person with chronic pain may be sedentary because they're afraid they'll have an even worse injury if they stretch or exercise. Or they're angry with the person driving the other car that injured them, or with the doctor that messed them up. Or they feel guilty they're not at their kid's soccer game, again. The pain gets worse with all of these phenomena, pointing to the fact that emotions drive chronic pain.

***Chronic Pain** continued next page*

Americans consume 80 percent of the world's supply of painkillers — more than 110 tons of pure, addictive opiates every year — as the country's prescription drug abuse epidemic explodes, *The Daily Mail* reports.



That's enough drugs to give every single American 64 Percocets or Vicodin. And pain pill prescriptions continue to surge, up 600 percent in ten year, thanks to doctors who are more and more willing to hand out drugs to patients who are suffering.

As more people get their hands on these potentially dangerous drugs, more are taking them to get high. Their drug abuse leads to 14,800 deaths a year — more than from heroin and cocaine combined.

***Chronic Pain** from page 9*

What does your Center's spiritual approach to treating chronic pain involve?

Dr. Pohl: This may have nothing to do with religion. It's just the idea that it's about something other than me. That's where we start. And that's the basis of addiction recovery: Yes, I'm in pain and you are, too. What's important to me? What do I want to do with my painful body? How do I want to live? There are therapies that attend to that, including mindfulness practice and meditation, which is being in this moment without judgment.

Do you suffer from any chronic pain?

Dr. Pohl: I have chronic back pain: My left lower back hurts. The process for me is to notice it but not to say, "Ah, that pain. I hate this. Gosh, darn, my back hurts." I just observe a strong sensation in my back, without judgment. There's nothing I have to do, just be there. The pain doesn't stay. It might be back again later. From breath to breath, it changes. So I will notice that my back bugs me, but I know that if I stretch, meditate, take a walk or listen to music, I'll feel better.

Our approach at the Center is to work around the edges of pain, not straight at it. It may be less satisfying that popping a pill because it's not instant and it's not mind numbing. But I've never taken a prescription medicine for my chronic back pain, which I've had for 12 years. I do light stretches, yoga, and meditate regularly.

Do you think more research needs to be put into developing pain medications with diminished abuse potential, such as those that bypass the reward system of the brain?

Dr. Pohl: I do think the goal is to have medicines that don't cause problems or at least do more good than harm. We can't fix the state of being with a pill; that's absurd. I have seen people make so many changes with their mind, by harnessing the power of their mind. I think there's a lot more we can do with our mind. The answers to these problems lie in the powers of our own minds.

What have you found to be the most effective approach to treating pain that doesn't involve pills?

Dr. Pohl: A principle of pain treatment is that some things work for some people some of the time. It's reasonable to explore acupuncture, yoga, chiropractic approaches, and physical therapy, and many other treatments. There are many options. I'd say there isn't one approach that works best for everyone. But something that works and that is free is your breath. If we can learn to work with our breath, we can settle our nervous system down without medication. If each of us could perfect that technique, we'd have less war, fewer car accidents and less of a dependence on drugs.

LIFE 101

By **Coach Cary Bayer** **www.carybayer.com**

Winning Through Losing

Win//win is an enlightened scenario that has come into parlance in recent years. As a workshop leader and life coach, I teach my students and clients about win/win/win that takes this progressive insight one step further. But the all-too-common mind-set is win/lose, the zero sum game that dominates sports and other competitive contests.

I engaged in one such contest last night with my wife and my niece, who is visiting us from Texas. It was a word game that I used to play with my mother — talking about keeping it in the family — when I was eleven years old. We used to take a large word and make smaller words out of it, each of which had to contain three or more letters, and without the use of an "s" for plurals or an "ed" for past tenses. One day, Mom and I took the word "establishment," and I made 252 words out of it. Amazing that I can still remember such specifics.

Fast forward far too many years than I care to say, and this time, at my wife's insistence, points were awarded for any word if neither of one's "opponents" had it. The point tally was based on how many letters the word contained. My wife, who's as competitive a tennis player as I am, is also a competitive word game player, spending many a free minute engaged in online Scrabble against several equally competitive and literate opponents.

Last night, I saw some good words—Mom would have been proud—but it was nothing compared to my wife's output. She was calling out words that nobody with an excellent vocabulary—that would be me—could possibly know unless he has already osmotically soaked up the Scrabble dictionary, or scoured Webster's for obscure words. Bear with me on this story because there's a huge lesson for any competitive-minded person here.

She came up with words like ria (something to do with a river), mir (something Russian) and edh (something to do with I can't even remember what…I thought she was simply clearing her throat). I became increasingly annoyed with all these "Scrabble" words that are buried in the dictionary. I got further upset when her "Scrabble dictionary" ruled my "riche" as invalid, but her eta (Greek letter) as acceptance and ditto her chi (vital energy in Chinese), which made her own chi even finer. Apparently, riche isn't a nouveau word to Scrabble.

After being soundly beaten — Muhammad Ali would have called it "wupped" — in the first round, I vowed to concentrate further. I got even more wupped in the second. After licking my wounds, and feeling ashamed for being a sore loser, I vowed to see the "Life 101" lesson in this harmless little pastime that I was playing with my wife and my niece.

Letting Go

I chose to let go of any desire to win, because my wife knew far too many words more than I did. What's more, her rules said that she didn't need to know what any of her words meant, only that they were in the Scrabble dictionary, the equivalent of Alex Trebek's judges on "Jeopardy." I chose to see it as an opportunity to learn such words. It certainly couldn't hurt my tackling of the Sunday New York Times crossword puzzles that I do each week.

I made some progress on this "Life 101" quest, even though I have to admit that an even further trouncing in the third round stopped me from looking at my mate as she called out her obscure game-winning words. But the next time I play the game with her, I'll be sharpening my concentration, employing some of the words I've learned from her, and learning how to lose graciously. And the latter is the biggest win of all.

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 at CrossPoint Christian Church	602-620-4076
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
Valley Hosptial	602-952-3939
WINR	480-464-5764

FINANCES / TAXES

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

LEGAL SERVICES

Dwane Cates	480-905-3117

REAL ESTATE

LaRae Erickson	602-625-9203

RESOURCE DIRECTORY LISTINGS
EMAIL: aztogether@yahoo.com