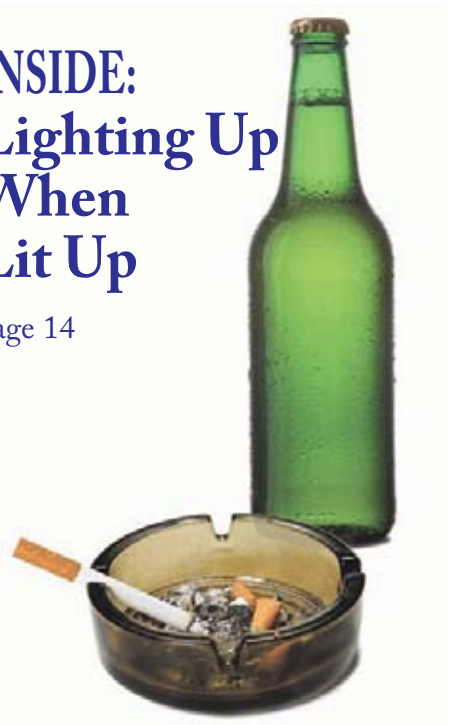
TogetherAZ

Inspiring Success On The Road To Recovery — November 2012



What Else is Wrong With Me?

Sometimes an addiction isn't the only problem

By Terry Kirkpatrick

Anthony had always suffered a vague anxiety that would spill over into frustration, constant worry and anger at his wife and children. Despite it he became a successful Wall Street executive.

Alcohol made him feel better, and he started drinking more and more, even though in hindsight he now realizes that alcohol made his anxiety worse. Eventually he joined AA and got sober, but two years into sobriety his anxiety returned with a vengeance.

Someone mentioned a therapist, and in therapy Anthony was able to get a clear picture of what he had experienced and what he was now feeling. A doctor prescribed non-addictive medication that helped him deal with the anxiety, and he felt serene and at peace for the first time in his life. The therapy and the prescription, he believes, make it less likely that he will return to alcohol to medicate his uneasiness.

Things did not work out that way for Margaret, a mother of three and chronic abuser of alcohol. She suffered depression and the trauma of verbal abuse by her husband. She was in and out of treatment centers, withdrawing when her husband stopped paying.

On a gray day at some friends' weekend home on the Jersey Shore, Margaret took a kayak out into the surf and was never seen again. The police interviewed her friends and family and suspected suicide, but they will never know for sure.

Anthony and Margaret (whose identities have been disguised) had co-occurring disorders: a mental condition combined with substance abuse. Co-occurring disorders – sometimes referred to as dual diagnoses or co-morbidity — are very common, and anyone who wants to be sober needs to consider that he or she might suffer one. Otherwise attempts at recovery from substance abuse are more likely to fail. Likewise, treating mental health problems will be difficult if not impossible, because substance addiction will contribute to the mental condition.

"One of the biggest causes of relapse is an underlying mental disorder that is not being treated," says Keith Arnold, vice president of operations for Elements Behavioral Health and Promises Treatment Centers in California."Take someone who is bipolar and addicted to alcohol and cocaine. They get out of treatment, they feel good, they're going to a 12-step program, and they think, 'I don't need this bipolar medication anymore.' Some of those people then will relapse and find themselves back in treatment. Some act out sexually. They are clean and sober, but they are not addressing underlying issues."

A Big Risk

The chance of two disorders existing simultaneously is quite high.

"As many as six in ten substance abusers also have at least one other mental disorder," says Dr. Nora Volkow, director of the National Institute on Drug Abuse (NIDA).

NIDA's research shows that persons diagnosed with mood or anxiety disorders are about twice as likely to suffer also from a drug use disorder (abuse or dependence) compared with the general population. The same is true for those diagnosed with an antisocial syndrome, such as antisocial personality or conduct disorder. Similarly, persons

diagnosed with drug disorders are roughly twice as likely to suffer also from mood and anxiety disorders.

Many psychiatric disorders can co-occur with substance abuse, says David Sack, M.D., CEO at the Promises Treatment Centers in California. "The most common, if you include personality disorders, would be antisocial personality disorder, bipolar disorder, major depression, anxiety disorders including panic, general anxiety and social phobias, and post traumatic stress disorder."

Treatment becomes a challenging chicken or egg problem. Sometimes the mental disorder leads to the substance abuse; sometimes the drug leads to the mental problem. Other times, the two are unrelated. So sorting it all out can be difficult.

According to NIDA:

- Drugs can cause abusers to experience symptoms of mental illness. The increased risk of psychosis in some marijuana abusers has been offered as evidence for this.
- (Psychosis can occur from many drugs of abuse – e.g., cocaine, all the amphetamine-type stimulants including many "party drugs" like Ecstasy, dextromethorphan (in some cough syrups), LSD, and others.)
- Mental illnesses can lead to drug abuse. Individuals with overt, mild, or even sub-clinical mental disorders may abuse drugs as a form of self-medication.
- Both drug use and other mental illnesses can be caused by overlapping factors, such as underlying brain deficits, genetic vulnerabilities, or early exposure to stress or trauma.

"The rate of co-occurrence is pretty stable," says Sigurd H. Ackerman, M.D., president and medical director of the Silver Hill Hospital in New Canaan, Conn. "If you look at people who are ill enough to be in a hospital for detox or mental illness, about two thirds of them have co-occurring disorders. It doesn't matter what they're admitted for. If they're admitted with a bipolar disorder or schizophrenia or depression, about two-thirds will have a co-occurring substance problem. If they're admitted for alcohol abuse, stimulant abuse (including cocaine) or opiate abuse, about two-thirds will have some diagnosable mental illness that should be treated. The numbers are a bit lower for the non-hospitalized population, but they're still high."

Sorting it Out

The term "co-occurring" suggests two disorders, but very often there are multiple issues. "It's very common to see a woman who was abused and has an eating disorder and has depression and anxiety and is using cocaine and could have some borderline personality features as well," Arnold says. "That's a fairly typical client."

Adding to the difficulty of a diagnosis is that some physical conditions, such as a vitamin B12 deficiency or a thyroid problem, can cause mental problems, Ackerman says.

As Margaret's story attests, getting it right can be a matter of life or death. Sadly, her story is not unusual. According to the

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Will the Voices of Our Children be Heard?

By Susan Rothery
Educator, Counselor, Parent

Teen Addiction Anonymous, a 12 step program created by and for teens, was launched in 2003 and became an official non-profit organization in 2008. With its edited 12 steps, which were approved by AA World Services, teens could now run meetings, with a facilitator, and experience the unconditional support and personal empowerment offered within this proven program.

Teen AA is driven to create public awareness of this opportunity. Since teen suicide ranks as the second leading cause of death, it is imperative that this program be offered on a national scale. Teens developed this program because they sensed the universal hopelessness that surrounds too many within their generation. Teen AA board members lobbied in Washington, D.C., gaining written endorsements from two U.S. Congressmen, which were sanctioned by the U.S. Congressional Ethics Committee.

Teen AA continued to forge its path by educating corporate America about its organi-

Teen Voices *cont. page 13*

publisher's note

Fantasy Island

By Barbara Nicholson-Brown

At a recent 12 step meeting a man with 28 years of consistent sobriety spoke about how even with that amount of clean time he still periodically lives on "Fantasy Island."

I laughed and silently agreed. This gentleman was holding up a mirror to my own life, as his words reminded me of how my denial about my disease kept me out there using — because in my fantasy it really wasn't all that bad.

And I will be the first to admit I still take mini trips to Fantasy Island once in a while. When life isn't what I expect or want I can easily take-off in another direction — whether to reduce the pain from a lesson I need to learn or a thousand other reasons. And this is why I must stay grounded and connected in recovery.

My mind has the ability to create scenarios that will never happen, review what has — and still try to change the end result, as well as pre-judge what may be awaiting in the future.

I read somewhere, "***we believe everything we think***." A powerful statement to ponder.

Many addicts and alcoholics spend a lot of time living in their heads. Inside the Big Book of *Alcoholics Anonymous* it says we are, "Driven by a hundred forms of fear, self-delusion…"

We believe our self should be in constant pleasure. Besides trying to kill us, our addiction feeds our fantasies, and we forget there is a whole big universe beyond our own little needs.

Addiction is so powerful it can tell us we don't have it, even after years of sobriety.

Listen closely to the stories from people who have relapsed as there seems to be a common thread. Their fantasy (addiction) told them having just one drink or drug wouldn't do any harm. Yet as these stories continue the horrors of what happened under the influence can make your hair stand on end. Those who are lucky make it back alive — but not everyone does.

I am grateful I've been taught the best way out of 'me' is to get in, be in and stay in service, take my seat in the fellowship, honestly share my journey and surround myself with like minded people. It always works.

With gratitude and thanks, we at ***Together AZ*** wish all our readers a blessed Thanksgiving. Thank you for your readership and support of the Art of Recovery Expo.

Each and everyone of us who made it out of the depths of darkness caused by our addiction, no matter what it is — are living miracles and proof that we are now residing on an island of sobriety — surrounded by love, support and camaraderie.

·N·E·W·S·

What's next for medical marijuana? Hint: it doesn't involve a match, pipe or rolling papers. Some of it doesn't even get you high.

In Steve Kroft's 60 Minutes story this week, we saw how Colorado has capitalized, literally, on its medical cannabis program. We also saw how the state has become fertile ground for a marketplace of unconventional marijuana products to flourish. And we're not just talking about pot brownies.

Sodas, peanut butter sandwiches, truffles, breath sprays, skin ointments — almost anything can be infused with marijuana, and in Colorado, entrepreneurs are developing all manner of new pot-infused product lines. These products are a far cry from the dorm-room stash of weed in a plastic baggy, and some of them deliver the medical benefits of the drug without the high.

In the video, **60 Minutes Overtime** sat down with 60 Minutes producer Frank Devine to learn more about the strange new world of non-smokable marijuana.

Commentary: Affordable Care Act Could Benefit Treatment of Co-Occurring Disorders

As this country moves into a new era of how we approach the treatment, prevention and administration of illness, we must keep the rubric of co-occurring disorders at the forefront. One would be hard pressed to find a higher rate of co-occurring disorders than in the field of behavioral health, where more than 70 percent of those treated for substance abuse also have a mental health disorder.

There is no shortage of data pertaining to the dangers of co-occurring disorders. Those with such a condition die an average of eight years earlier than those with only one behavioral health disorder. High rates of tobacco use are also prevalent in co-occurring patients. For those with co-occurring disorders, physical safety and overall health risks are great and the chances for successful treatment are small. Yet co-occurring disorders are not the exception—they are the norm.

It is estimated that 8.9 million adults have co-occurring disorders—that is they have both a mental and substance use disorder. Unfortunately, fewer than eight percent of individuals receive treatment for both conditions, with 55.8 percent receiving no treatment at all. The consequences of undiagnosed, untreated or under-treated co-occurring disorders can be severe. They include homelessness, incarceration, suicide and early mortality.

Patients with addiction or mental health-related problems accounted for 12.5 percent of all hospital emergency room visits by adults in 2007, according to a report from the U.S. Agency for Healthcare Research and Quality. Alcohol dependence is four times more likely to occur among adults with mental illness than among adults with no mental illness (9.6 percent versus 2.2 percent) based on a nationwide survey conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). The report also shows that the rate of alcohol dependency increases as the severity of the mental illness increases.

According to SAMHSA, integrated treatment or treatment that addresses mental and substance use conditions at the same time is associated with lower costs and better outcomes such as reduced substance use, improved psychiatric symptoms and functioning, decreased hospitalization, increased housing stability, fewer arrests and improved quality of life.

Clearly, there is no shortage of data on the subject. There has been great progress in recent years on the treatment of co-occurring disorders, both on the substantive and procedural fronts. One example comes from Connecticut. The state's Co-Occurring Capable Guidelines and Co-Occurring Enhanced Program Guidelines, developed as part of their Co-Occurring State Incentive Grant (COSIG) from SAMHSA, have been recognized as models by a workgroup of COSIG states and other experts convened by SAMHSA's Co-Occurring Disorders Integration and Innovation in 2010.

Theories of Addiction

Just as there is no cure for addiction, neither is there any easily definable cause. There are propensities, and risk factors, and models of theories of etiology, but as in all dealings with human behavior, for every case of cause and effect, there are just as many exceptions.

There is not even any clear, widely accepted definition of addiction. Webster's Dictionary defines addiction as "1. /Compulsive need for and use of a habit-forming substance, characterized by well-defined physiological symptoms upon withdrawal; and 2. Persistent compulsive use of a substance known by the user to be harmful."

The DSM-IV (TR) includes definitions for substance abuse and substance dependence, but the word addiction is not used. It is interesting to note that the DSM-IV lists seven criteria, including tolerance and withdrawal, but only three criteria need to be met for the classification of dependence. (Only one criteria need be met for abuse.) Some people are surprised to learn dependence may be present without either tolerance or withdrawal.

Therefore, a substance dependent individual is one who exhibits a maladaptive pattern of substance use, leading to clinically significant impairment or distress. It is important to have a clear definition of the problem before its causes and treatment can be explored.

There are a number of theories as to what causes substance abuse. **The Moral Theory** proposes that substances are abused by individuals who are lacking in willpower and morals. Therefore the only thing that is needed to overcome addiction is more willpower and the determination to not use. Anyone who has watched the incredible amount of energy that an addict trying to get his next fix will expend can testify that an addict possesses a great deal of willpower, therefore a lack of willpower is clearly not the problem. This first theory has been largely discarded by modern thinkers and the medical community.

The Disease Theory was first advocated by Alcoholics Anonymous and its followers. Their premise is that alcoholism is a disease, with specific signs, symptoms and progression. As a disease, it may be treated. Calling alcoholism a disease helps to remove the social stigma, relieving feelings of guilt and shame; allows for research (think of the grant money); and places responsibility for the solution on the alcoholic. It also allows the medical community to bill insurance companies for treatment costs.

The Genetic Theory looks for biological reasons for the occurrence of substance abuse. Using intergenerational studies, twin studies, adoption studies and a search for genetic markers, researchers have suggested a predisposition for substance abuse can be inherited.

Marc Schuckit, MD, one of the leading researchers on genetics and alcoholism released findings from a 20-year study on alcoholics and families which suggest that for children of alcoholics, there is a 60% chance that they will become alcoholics. The good news is that the other 40% comes from the environment; that there are some risk factors which can be minimized or controlled, thus preventing someone from becoming an alcoholic. Some of these risk factors include: the attitudes, expectations and beliefs toward alcohol in the home; the gender of the alcoholic parent and the child; whether a surrogate parent is available; whether and when the alcoholic receives treatment; whether the alcoholic is a "happy drunk" or becomes violent when drinking; and the amount of conflict present.

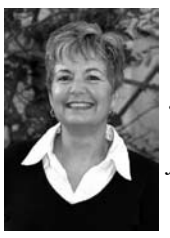
The Systems Theory considers the family and the social system for factors that determine whether substance abuse develops. The drawback to this theory is again that human behavior is unpredictable. Most often children of substance abusers do not become substance dependant themselves; perhaps having clear examples of how not to act is as important as having good role models.

The Behavioral Theory says that addictions are learned, socially acquired behaviors with multiple causes. One limitation to this is that the individual is treated in isolation from the family.

The Sociocultural Theory is based on the idea that environmental and social pressures contribute to the development of substance abuse. Citing such pressures as unemployment, single parent families and poverty, the theory largely ignores genetic factors and family dynamics.

Finally, the **Integrated Theory** describes substance use disorders as resulting from a complex interaction of biological, psychological and social factors that contribute to their development. The Bio-Psycho-Soc model provides for multifaceted treatment of an afflicted individual.

Different theories drive the approach to treatment. Most treatment centers today use the Integrated Theory and tailor treatment to the individual. It's important to keep in mind that alcoholism and drug addiction are chronic diseases, not acute. This means ongoing treatment and lifestyle changes are required in order to maintain recovery.



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Early Recovery
Grieving the Loss of the Drug

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

Many people would likely be shocked at such a concept. "Why would someone want to grieve the loss of something so destructive to themselves and their family?"

To understand this requires an understanding of the nature of addiction and its effects on the brain. No one decides one day they will become an addict. There is a progression that eventually leads the addicted individual to feel they have no choice but to use.

The Process of Addiction

It starts with the first use. Usually this is out of curiosity or a desire to "fit in." A person may like the effects and continue to use. At this early stage using gives the individual pleasure and generally is not problematic. Some individuals stop here. Others move on to the next phase which is the "abuse" phase.

In the abuse phase an individual begins to think about the drug more often. Using begins to become a coping mechanism. A person may feel stressed after a long day at work and feel the need for a couple of drinks. Progression in this phase can occur quickly, or rather slowly. If family notices this progression the individual may be confronted and will usually promise to "cut down." The danger here is the drug or alcohol is starting to become too important. It is becoming a friend. It starts to make the individual feel better when no one else seems to be able to. Slowly, the person may slip into the last phase which is addiction.

No one can be sure when they slip into the addiction phase. It is not an event. It is a progression. Addiction is clinically different than abuse as it contains the components of tolerance and withdrawal symptoms. At this phase using becomes a survival mechanism. Using is as important to the individual as food, water or sex. This is because of the nature of how drugs work on the brain.

Drugs work on a section of the brain known as the mid-brain. This is where survival instincts occur. This is where we receive the instincts to eat, fight, run or fornicate. And the reward system of the midbrain is extremely powerful. Nothing else matters when the midbrain is sending out its survival-oriented reward signals. For example, if you are fighting off an attack, how can you think of anything else?

For the addicted individual using doesn't provide pleasure anymore. There exists the fantasy that it will, but any pleasure that is derived is usually short-lived. The addicted individual is past the coping stage as well. The desire to cope might trigger use, but using is now a survival mechanism. And when the addicted individual is not using, the brain perceives imminent and immediate danger. Thus, the desire to use will exceed all other desires.

So Why the Grief?

It is the desire of every addict and alcoholic to be able to use for pleasure again. Because of changes in the brain the addicted individual will not be able to do this. The very fact the individual desires to use "normally" means he is obsessing. A social drinker does not desire to drink socially; he doesn't obsess.

The addict in early recovery has lost a companion. Yes, a very dangerous companion, but nonetheless it meant everything to the addict at one time. The drug or alcohol was there to help him cope with life. Now it is gone.

It may difficult for people to understand why an addict should grieve the loss of something that practically killed him. It wouldn't be uncommon for a family member to be very unsympathetic to the addict's feelings and make comments that are unintentionally hurtful. These hurtful statements originate from some very hurt and scared family members who struggle to understand.

Sometimes understanding isn't necessary. It can often be an exercise in futility. The compassion of allowing someone their feelings is not only necessary, but healing. To have compassion means you don't judge the person over what was lost. Grieving is a natural part of the healing process. Allowing the addict to grieve the loss of the drug is a step on the road to recovery.

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.

FDA Investigates Possible Link Between Monster Energy Drinks and Five Deaths

The U.S. Food and Drug Administration (FDA) is investigating reports that five people have died since 2009 after they consumed Monster energy drinks, according to the *Los Angeles Times*. The investigation was announced after parents of 14-year-old Anais Fournier sued the company in connection with their daughter's death.

The FDA said it has not established a connection between the drinks and the deaths, the article notes. The FDA can regulate caffeine levels in soft drinks, according to the newspaper. The limit in a 12-ounce soda is about 71 milligrams. The caffeine levels in most energy drinks exceed that level, because they are labeled dietary supplements.

In a statement, the company said, "Monster does not believe that its products are in any way responsible for the death of Ms. Fournier and intends to vigorously defend the lawsuit." According to the company, the drinks "generally contain approximately 10 milligrams of caffeine from all sources per ounce. By comparison, the leading brands of coffee house brewed coffee contain on average more than 20 milligrams of caffeine per ounce. An entire 24-ounce can of Monster Energy contains about 240 milligrams of caffeine from all sources, which is around 30 percent less than the average caffeine contained in a medium-sized, 16-ounce cup of coffee house brewed coffee."

Last year, the Substance Abuse and Mental Health Services Administration issued a report that found a sharp rise in the number of emergency department visits linked with the use of non-alcohol energy drinks, from 1,128 visits in 2005, to 13,114 in 2009. The report noted that energy drinks are marketed to appeal to youth, and are consumed by up to half of children, teenagers and young adults.

The Money Issue and Getting Help

By Bobbe McGinley, MA, MBA, CADAC, LISAC, NCGC II

The Money Issue: Quality in counseling and treatment, like quality elsewhere, costs money. Concern about the financing of recovery tends to reduce itself to some key questions: Are professional chemical and codependency and gambling treatment programs really necessary? Are they worth the cost? Can you really afford them? What if there is not enough money and limited insurance policy or —no insurance at all?

Is This Really Necessary? We think the answer is yes. The debate usually centers on the efficacy of AA, CODA, GA and other twelve step programs vs. formal treatment. Yet if you observe the recovery scene for decades, as we have, it is evident there is no conflict between the two approaches. Each plays an important role and mutually reinforce each other. The ideal is to integrate both and derive the synergistic effect that results. People do achieve a measure of recovery without special assistance. Twelve-step programs have proven eminently successful in helping chemically dependent, codependent and problem gamblers and their family members overcome compulsions, clear away the wreckage of the past, and raise the individual's life to a higher spiritual plane.

It is for these results that involvement in a twelve-step program is recognized as a core element in most respected treatment programs. But twelve-step programs are not designed to aggressively batter down and eliminate vestiges of delusion and denial; screen for medical and psychological symptoms; aggressively confront defensive behaviors; dig into and process deeply buried emotional pain; sort out and mend the aftermath of painful family issues; provide current education about the disease; counsel regarding sexual dysfunctions, smoking, weight control, nutrition, and finances; offer physical and/or occupational rehabilitation; or teach specific skills for adult living such as communication, assertiveness, relaxation, and grieving.

First-rate treatment centers address all those aspects of the disease and more.

On the other hand, those who just undergo treatment but forgo twelve-step involvement afterward seem to have a higher relapse rate. So is twelve-step program involvement necessary to recovery?

Absolutely!

If you want quality recovery and to work against relapse. Is treatment necessary? Positively! If you want to deal with all the issues and all the pain. It is enlightening to attend a twelve-step group meeting and observe the quality of recovery in those who have experienced treatment and those who have not. There are certainly notable exceptions, but for the most part, the untreated will be viewed as successfully dealing with the pain, while the treated have successfully put most of it behind them. Both are success stories, but as you will observe, all success is not equal. Treatment does pay off. It is worth the cost.

Is The Price Fair? Even in this era of frightening increases in medical costs, the price of treatment has consistently been decreasing. There are three main reasons: First, experience has shown that unless the patient lacks a work or family support system, is suffering from serious medical or psychiatric problems, or has prior failed treatments, treatment may not need to be conducted in expensive treatment settings. Second, because of increased awareness about intervention, future clients are accepting help at earlier stages of their addictions, when treatment seems to be more effective. And third, competition is driving cost down almost everywhere.

Will My Insurance Pay For Treatment? In this era of managed care, HMO's, Medicare, and state and federal regulations or lack thereof, insurance coverage for chemical and co-dependency and gambling treatment is a very cloudy picture. Certain health insurance policies specify alcoholism and related disease benefits, while others clearly exclude or limit coverage. Some providers make no mention of these maladies, yet in fact pay for most treatment costs. As a general rule, the majority of health insurance programs will pay 80 percent of the fees charged by properly credentialed treatment facilities. Managed care often brokers treatment choices based on cost reduction rather than appropriate patient-treatment matching. Coverage seems to go through confusing cycles, so take your policy in hand and visit or call the admissions office of a local treatment center. They will be pleased to check out your coverage since they would like to get your future business, and this would be considered customer service.

Take the time to do some research in your community. It relieves the sense of hopelessness and provides a sense of power when you know the answers to your many questions about treatment.

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.***

Thanks Giving

By Dr. Dina Evan

Dr. Hew Len walked into a high security mental hospital for the criminally insane and discovered there were three or four attacks on inmates or staff each day. The energy was angry and oppressive. The majority of the 30 patients were shackled, put into seclusion or restricted to the ward. Both doctors and nursed walked with their backs to the walls for the fear of being attacked. This was a scary place.

And yet, without out seeing a single patient face to face for therapy and armed with just a bit more than genuine grace and gratitude, within months there were no more shackles, there was no more seclusion and patients and staff were working together, playing sports and the fear lifted? (Read the story in Joe Vitale's book ***Zero Limits***) Gratitude, thanks giving is a mighty warrior.

When asked, Dr Len said, "I had to take complete responsibility for the problems outside myself and replace all negative thoughts with love."

I know, I know…this sounds entirely too therapisty and new agey. The problem is, however, it happens to be true.

Let me give you an example:

The other day before my seminar, I realized I needed ice for the guests so I grabbed my wallet and my keys and I ran to the store. I got the ice and returned home and as I was pulling in my driveway, I realized I left my wallet in the basket. Immediately, my heart started to pound remembering months it took clearing the mess from the last time my wallet was stolen, and I thought, Oh god, I am going to have my identity and credit cards stolen again. The anxiety kept coming until I backed up and started pulling out of the driveway to return to the store. Then it hit me, in one exasperating deep breath, that I was creating this reality and it was all my stuff. So, I started using Dr Len's process and said, over and over all the way back to the store, I love you, I'm sorry, please forgive me, thank you.

I realized I was projecting my own fear on to the situation and I was genuinely sorry for putting that on anyone and I was truly grateful that this circumstance had given the opportunity to heal another place inside of me that felt vulnerable and at risk. I walked into the store, asked if anyone had turned a wallet in and the clerk said, "Yes, right after you left a young man brought it in." I vaguely remembered a shabbily dressed young man at the door when I left and hoped I had not felt any judgment about him the first time I saw him. I asked if he was there so I could thank him and she replied that he had left. I didn't even check the wallet because I intuitively knew everything was still safely inside. This simple Hawaiian ritual/teaching is called Ho'oponopono,

The concept is to remember that what we see in others is actually a reflection of something in us and if we heal whatever that is in us, it becomes healed in the other. Once the issue is healed, if the issue or person is no longer needed as a teacher it stops being a concern or it goes away. The "I'm sorry, statement is an acknowledgement" that with or without being conscious of it, you have called this lesson or person in to teach yourself something you need on your path. You don't even need to know how or why I got there, such as in the case of addiction, or being overweight, you just need to take responsibility for it, forgive yourself for it and heal it. Another beautiful thing is that no one else has to do this but you.

Every Moment Counts....

Every lesson is priceless. Every person is a master teacher for us. Every thought and action creates our reality and all of it is in perfect service to our soul. What's not to feel thankful for? This is an exquisite plan! Every day should be Thanksgiving!

Think about how much anger and angst would simply leave your life if you knew hat every challenge and person in it was teaching you something invaluable about yourself that brings you closer to your true path — closer to peace and purpose.

This Thanksgiving, take a minute to look around the table, look around your world and in your heart and mind simply say… I love you, I'm sorry, please forgive me, thank you. When you do, notice how your heart opens, your belly softens, your mind relaxes and somehow a grace returns. And, since I created all of you…I love you, I'm sorry, please forgive me, thank you ad have a great Thanksgiving.

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.***

EVENTS CALENDAR

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

NOV. 7—St. Luke's Behavioral Health Center Clinical Breakfast Series. 8:00-9:00 a.m. ***Cultural Competencies Series 2: Cultural Diversity or Adversity in the U.S.: A Matter of Choice, Jon McCaine, PhD. 8:00 - 9:00 a.m. 8:00 - 9:00 a.m.*** Behavioral Health Center Auditorium, 1800 E. Van Buren. **1 CEU.** Breakfast, networking. FREE. **602-251-8799**.

NOV 12-16 & DEC 10-14 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat. This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at **520 743 2141** or email at jmartin@cottonwoodtucson.com for information and registration.

NOV. 13— The Meadows presents Free Lecture Series. ***How Do You Help Someone Who Doesn't Want Help? Demystifying the Disease of Addiction.*** Dr. Karen Zazzera, DBH, LPC, BRI-II . 7:00-8:30pm. Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale.

DEC 6-9 — Cottonwood Tucson – InnerPath Developing Healthy Relationships Retreat. This four-day retreat focuses on learning what constitutes a healthy relationship and how to attain it. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at **520 743 2141** or email at jmartin@cottonwoodtucson.com for information and registration.

Merritt Center Returning Combat Veterans Retreat Program. Free 4 weekend program for combat Vets. Next program starting January, 2013 for men and February, 2013 for women. With the assistance of Vet mentors, and healing practitioners, returning vets will begin to release the experiences of war, and to create the dream of a new life. Contact: Betty Merritt, betty@merrittcenter.org. **1-800-414-9880 www.merrittcenter.or**g

ON GOING SUPPORT

Gamblers Anonymous Meetings — at **ACT** Counseling & Education. 11:00 am to 12:30 pm. **Call 602-569-4328** for details. 5010 E. Shea Blvd. D202, Phoenix. Near Tatum on Shea Blvd.

Emotional Healing Journaling Workshop, 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 Good Things Emotional Healing Journal: Addiction. 9401 W. Thunderbird Road. Suite 186. Peoria **(602) 478-6332 www.GoodThingsEmotionalHealing.com**

East Mesa PAL-Group **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 7:00 – 8:30pm. FREE. Contact: Tim Skaggs: (480) 981-0802 e-mail: tskaggs@bccmesa.com

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

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

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

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

OCD Support. **Banner Scottsdale**, Room 539. Group held 2nd and 4th Thursday of each month 7:00 p.m. to 9:00 p.m. 480-941-7500. 7575 E. Earll Drive, Scottsdale,

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

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

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

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

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

CELEBRATE RECOVERY—*Chandler Christian Church*. Weekly Friday meetings 7 p.m. Room B-200. For men and women 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.**

Events *continued page 11*

What Else is Wrong With Me? *from page 1*

Centers for Disease Control, alcohol and drug abuse are second only to depression and other mood disorders as the most frequent risk factors for suicidal behavior.

Most therapists and long-timers in 12-step programs know of someone who took his or her life. "I know one individual who committed suicide," Arnold says. "He was clean and sober when he committed suicide, but he never discussed his depression; he wouldn't take any medication and he ended his life."

"People with addictions are at a very high risk for suicide," Dr. Sack says. "About 10 to 15 percent of people with alcohol or drug dependency commit suicide. It's the number one cause of death of drug addicts — not drug overdoses, not liver failure — it's suicide. People with serious mental disorders are also at a serious risk for suicide. If someone has both a psychiatric disorder and also an addiction the risks are not just additive but exponential. They multiply one another."

Complicating a diagnosis is that these co-occurring disorders do not always happen simultaneously. "Adolescents, and that's my specialty, almost always have an anxiety, depression or bipolar disorder predating their use of alcohol by a year or a year and a half," says Elizabeth Driscoll Jorgensen, an addiction therapist in Ridgefield, Conn., who lectures at Harvard on adolescent substance abuse.

Among adults, the pattern is often the same. "If someone has a psychiatric diagnosis — panic, depression, PTSD — when those people develop drug or alcohol problems in the majority of cases – usually 60 to 70 percent of the time – they have their psychiatric problems first," Dr. Sack says. "And they have them five to ten years before they have the drug or alcohol problem.

"The way you look at the vast majority of people who have both a psychiatric diagnosis and substance abuse problems is that the psychiatric diagnosis has usually come first. Often by years. There is one exception: bipolar disorder. If you look at people who are diagnosed with bipolar disorder and alcohol dependency, what you find in a majority of cases is that the alcohol dependency came first."

What to Do?

Recognize the potential danger. "People who are working with drug addicts or alcoholics need to be sensitive to the suicide risk," Dr. Sack says. "Part of the challenge for relatives and friends is to realize that when people have an addiction they become at increased risk because their lives become unmanageable, but if you add a psychiatric disorder you add another level of hopelessness and worthlessness that exacerbates their despair and makes it more likely.

"So when someone has these problems and a person says, I think I'm going to kill myself, people need to take that seriously. Most people are only suicidal for short periods of time. They may feel hopeless for longer periods but the phase of active suicidal thinking with a plan tends to be relatively short lived. It's days or weeks or months, but it doesn't go on for years. So there's an opportunity to intervene and get them treatment, but you've got to get them into residential treatment."

Find the right professional treatment. Co-occurring disorders must be treated at the same time; otherwise, failure becomes likely. You will need someone who is experienced in both psychiatric issues and in addictions. Not every doctor or therapist is equipped to do both. In fact there are lingering biases in the professional community against one or the other of the disorders.

"Until recently, maybe 25 or 30 years ago, addiction was of little interest to psychiatrists," Ackerman says. "The treatment of heroin addiction, for example, was the province of social workers and counselors who ran therapeutic communities. The treatment of alcohol abuse was the province of AA. Psychiatrists had no interest. Not only that, but when psychiatric departments and hospitals did offer programs for addicted patients, those programs excluded patients with mental illness. And programs for mental illness tended to exclude patients with addictive disorders. Actually the co-occurring disorders where there but people didn't want to see them so they ignored them."

"Among adults, the pattern is often the same. "If someone has a psychiatric diagnosis — panic, depression, PTSD — when those people develop drug or alcohol problems in the majority of cases – usually 60 to 70 percent of the time – they have their psychiatric problems first," says Dr. Sack of Elements Behavioral Health.

Ackerman experienced this some years ago when he was affiliated with St. Luke's Roosevelt Hospital in New York City. The hospital did a study of two of its outpatient clinics – one for substance abuse only and one for mental disorders. "Both clinics," we discovered, "had both patients. About two-thirds of the patients in both had co-occurring disorders."

Brad, an advertising copywriter, experienced a series of traumatic events and began drinking heavily. Routine blood work for his annual physical revealed the excess, and he finally admitted to his family doctor that he couldn't stop. His doctor wisely sent him to a psychiatrist "to first see if there's anything wrong mentally."

But after listening to his story, the psychiatrist told him, "If you'll stop drinking I'm sure we can find something wrong with you." Brad's doctor then sent him to an addiction therapist, who helped get him sober, but did not help with the deeper psychological issues. Brad eventually moved on to a psychiatrist who could identify and treat the addiction and co-occurring disorders and has remained sober.

This duality in treatment still exists, according to NIDA: "Different treatment systems address drug use disorders and other mental illnesses separately. Physicians are most often the front line of treatment for mental disorders, whereas drug abuse treatment is provided in assorted venues by a mix of health care professionals with different backgrounds. Thus, neither system may have sufficiently broad expertise to address the full range of problems presented by patients."

Ask a lot of questions. In choosing a professional, the most important question to ask is how much experience he or she has in both addiction and psychiatric disorders. There are various certifications for both that can quickly become confusing to a lay person. But just as you would want to know how many operations a surgeon has done, so should you want to know a therapist's experience. As Brad learned, not every psychiatrist deals with addiction. And many family doctors are not trained in addiction issues. Psychologists and therapists who do understand addiction can't prescribe medicine for psychiatric disorders. It falls, then, to the individual and his family, as it did to Brad, to actively manage the recovery and find the right help.

Know the warning signs. Because mental and addiction episodes can occur at different times in life, it's important to document your history. Do any family members have mental problems? Have you ever been treated for a psychiatric disorder? Brad, for example, had been prescribed a medicine for anxiety many years before alcohol became a problem – a clear indicator.

And once in recovery, how are you

What Else is Wrong With Me? *cont. page 11*

Change Your Frequency

By Alan Cohen

While staying at a hotel, I signed up for wireless Internet service. To my disappointment, the service kept going on and off. A call to tech support did not help much. Finally the technician concluded there must have been some interference near my room. He suggested I change rooms. So at 1 A.M. I packed my gear and trudged to another hotel room.

I logged onto the wireless service and found that the reception in this room was no better. Stymied, I scanned for other wireless services in the hotel and found there was another one available. I logged onto it and it worked perfectly. So I didn't need to change rooms after all. I just needed to change my frequency.

Many of us are tempted to change jobs, houses, or spouses, and sometimes that works. Yet it's not unusual that when you get to your new situation you find it to be simply a repeat of the old one. In many cases you didn't need to change the situation. You just needed to change the point from which you were looking at it. More often we need to make a vertical move rather than a horizontal one. Instead of moving to the side, move up.

Dr. Michael Ryce offers a workshop called, **"Why is this Happening to me Again?"** He cites this example: "You fly away from New York to get away from a relationship that isn't working, and the person who meets you at the airport in Los Angeles finishes the sentence that the person you left in New York started."

The world we experience is not created by people or situations. It is created by our thoughts. The most powerful place to start changing the world is in your mind. If you try to change your world without first changing your mind, the world will not change. When you change your mind, everything changes.

We are entering the holiday season, which often brings up lots of juicy material for spiritual growth. You might face family and social gatherings with people who annoy, insult, or drive you crazy. While you may attempt to avoid such situations, if you find yourself in a position where you have to attend, you can seize the moment to practice vertical rather than horizontal movement.

To illustrate: A woman called into my radio show Get Real on Hay House Radio (www.hayhouseradio.com) and reported that she had to go to a weekend family meeting with members who bug her. I suggested, "Before the weekend, sit quietly for a few minutes and make up your mind that your only goal for the weekend is inner peace. No matter what anyone says or does, you will stay centered in your calm inner space. Completely withdraw any power you have given your relatives to make you unhappy."

That might be a good practice for all of us to adopt. If you can hold your inner peace in the presence of someone who has regularly irked you, you earn your spiritual graduation diploma. Consider yourself in a seminar called, "Happiness before all else." Reframe that person as an angel who has come to help you find inner strength. You have a spiritual contract with that person to assist you to build soul muscles. If you can choose to thrive in their presence, no matter what they say or do, they will likely spin out of your orbit. If they don't, you won't really care because you have mastered the lesson they have come to help you learn. A Course in Miracles tells us, "The holiest spot on earth is where an ancient hatred has become a present love."

Think of life a big radio tuner or Internet browser. There are millions of stations or

You get to experience the station or URL you tune in on. If a bad show comes on, it will do you no good to yell back at the station or curse the web page. You have the option to choose another frequency.

web pages to choose from, some delicious and others horrid. You get to experience the station or URL you tune in on. If a bad show comes on, it will do you no good to yell back at the station or curse the web page. You have the option to choose another frequency. An old Microsoft tagline is quite appropriate here: Where would you like to go today?

I'm not suggesting that you never change relationships, jobs, or hotel rooms, or that you have to attend gatherings with energy vampires. Sometimes a move is indicated, and "no" is the most helpful response. But there are times when changing your mind is far more effective than changing your position. Ultimately your mind is your position.

Your problem may not be, as the tech support fellow told me, interference from somewhere outside your room. Your problem might be interference from illusion. The answer to interference from illusion is not to substitute one illusion for another. The only answer to illusion is truth. Reality doesn't move illusions around. Reality sees beyond them.

The secret to a great holiday season may be what you have heard millions of times from your favorite radio and television shows: Stay tuned.

Alan Cohen is the author of many popular inspirational books, including the newly-released Enough Already: The Power of Radical Contentment. Join Alan this February 10-15 in Hawaii for the extraordinary program Miracles, Metaphysics, and Maui. For more information about this program, Alan's other books, and free daily inspirational quotes via email, visit www.alancohen.com, email info@alancohen.com, or phone (800) 568-3079 or (808)

EVENTS *from page 8*

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

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

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

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

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

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

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

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

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

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

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

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

ARIZONA INSTITUTE FOR SPIRITUAL DIRECTORS www.aeisd.org. Marilyn Bever at 480-948-0707 ext. 124Franciscan Renewal Center, 5802 E. Lincoln Dr.

What Else is Wrong With Me? *from page 9*

feeling? "The individual has to define what recovery is to them and how it's working or not working in their life," Arnold says. "How is it working? Sometimes we're not our own best experts and that's when we need to get advice.

But it goes back to:

- **Am I sober?**
- **Am I enjoying my life?**
- **Am I happy?**
- **Am I contributing?**

If the answers are yes, your recovery is probably going pretty good. If you're miserable and doing things because other people want you to, then you need to consider talking to a psychiatrist or therapist."

Dr. Sack says a person needs to assess his feelings early in recovery — even 60 or 90 days may be too long to prevent a psychological problem from reappearing and undermining recovery.

Beware of biases against medical care. According to NIDA, "Lingering bias remains in some substance abuse treatment centers against using any medications, including those necessary to treat serious mental disorders such as depression. Additionally, many substance abuse treatment programs do not employ professionals qualified to prescribe, dispense, and monitor medications."

Bias against professional treatment can also exist in some 12-step groups, although this seems to be on the decline. "Historically the prejudice started in the 50s and 60s," Jorgensen says. "Up until 1984, when Prozac was developed, most of the psychiatric medicines had some abuse potential – benzodiazepines such as Valium and Librium. Those were the only meds given for anxiety, and alcoholics would get addicted to them. Many medicines we have today don't do that at the right doses. AA is overstepping its boundaries if it says people should not take medication, just as psychiatrists would be overstepping their boundaries by saying to a sober alcoholic you need to stop going to AA."

It happens, however, she says. "A woman who was sober for six years came to me for care. She was falling apart, severely depressed. She was going to three AA meetings a day. She did service work, did everything AA was telling her to do. But she was influenced by a pretty hardcore sponsor who said no meds, no meds. She was thinking of killing herself. I said, if your sponsor won't agree to getting psychiatric care then you've got to get a new sponsor. She was white knuckling it. Today her symptoms are still there. None of that went away.

"And she's not thinking of killing herself anymore."

Terry A. Kirkpatrick is a former feature writer for The Associated Press and managing editor of The Reader's Digest.

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
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
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
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

Commentary: Charging into Recovery – Is Cash Really a Gateway Drug?

By TRI David Festinger, PhD; Karen Dugosh, PhD; Ashley Harron

A recent article published in numerous outlets announced the debut of a special credit card for recovering substance abusers.

The card, referred to as Next Step, purports to help addicts stay clean and sober by shielding them from the powerful cravings elicited by cash. The pre-paid credit card prevents the user from making purchases at liquor stores, bars, escort services, casinos, tattoo parlors, and piercing shops. It also restricts the user from making ATM cash withdrawals or receiving cash back when making purchases. The article extols the virtues of the card and refers to cash as a "gateway drug" and a trigger for substance use.

Although the field of addiction treatment is always in need of new ideas and helpful tools, it is critical that the ideas/tools be based upon sound research. The idea that "cash in hand" is a trigger for drug use has long been an area of critical debate. Common sense suggests that cash, which is used to purchase drugs, "must" be a precursor and trigger to substance use and relapse.

However, research has found limited support for this common belief. Although some research has linked the occasional receipt of large sums of money to relapse, most studies indicate that individuals who receive money while in addiction treatment use the cash for daily necessities such as bills, food, transportation and household items. Our own program of experimental research (Festinger et al., 2005; Festinger et al., 2008) as well as research conducted by Dempsey et al. (2008) and Vandrey et al. (2007) found no connection between cash payments as high as $160 and new drug use. In fact, this was true even for individuals who were no longer enrolled in treatment.

Addiction treatment, and relapse prevention more specifically, typically focus on avoiding triggers such as old neighborhoods, substance abusing friends and items associated with prior substance use. The use of cash in our society would make long-term avoidance of it highly unlikely. Even assuming that cash on hand is a threat, the use of these specialty credit cards in the short term means that recovering individuals would not be exposed to cash until they are potentially out of treatment and have less structure and support. Either way, use of these new "drug-free" cards has very real and substantial costs. Their fees, admittedly among the highest in the market, stand to cause more harm than good as they further an unfounded assumption based upon the overly paternalistic view that people who suffer from addiction cannot be trusted with money. Equally interesting are the behaviors that the card company chose to restrict. Tattoo parlors and piercing shops must also have a well-documented link to relapse. Surprisingly there was no mention of limiting card purchases on rock or rap music.

Policies and programs like this one are based upon isolated events, individual observations and broad generalizations rather than empirical data. There is no doubt that individuals who abuse drugs most often use cash to purchase drugs. But they also use their feet, bikes, cars and other forms of transportation to meet their dealers. Should we enforce transportation limits on them as well? Are cars a gateway drug? Research to date indicates that cash is not, despite case examples and anecdotal reports, a major trigger to relapse.

Learning how to live with and use cash responsibly should occur as part of treatment and not come at an additional cost to those already struggling to rebuild their lives.

The writers are members of the Section on Law & Ethics Research at the Treatment Research Institute (TRI). TRI is a non-profit research and development organization dedicated to developing and providing evidence-based solutions to the problems of substance use affecting families, schools, businesses, courts and healthcare. To learn more, visit the TRI website.

Finders, Keepers 4 Tips to Happiness

Happiness, or the lack thereof, lies at the root of what makes life meaningful. But figuring out what exactly constitutes happiness, especially in a culture like the Unites States that tends to conflate money with meaning, proves to be elusive. It's not enough, the new documentary Happy suggests, to just be able to pursue happiness—you need to have the chops to capture it.

As part of Gaiam TV's Happiness Collection, Academy Award Nominated Director Roko Belic tells the story of happiness from all angles, including into his artful mashup snippets from scientists, spiritual leaders, positivity psychologists, and arguably the most compelling, ordinary people grappling with their own lot in life. In their heartfelt narratives, they explore how their own lives prove fertile ground to test, and revise, definitions of happiness.

Belic did his due diligence in terms of research. In collecting over 400 hours of footage from all over the world, ranging from a surfer hotspot in Brazil, the slums of India, cohousing in Denmark, the frenetic pace of industrial Japan, to the insulated world of Bhutan, Belic's film carries a convincing breadth and depth.

This is not the mere woo-woo stuff of affirmation, but a moving explanation of how to nurture our own capacity to be happy. The film begins by introducing the notion that our happiness stems from a mash-up of genetics, life circumstances, and plenty of wiggle room. That substantial slice of our ration suggests we are inherently equipped to choose happiness, not just wish for it.

Here are four tips from the film to develop a happiness skillset. And while results may vary, watch for these telltale signs to make sure you are on the right track: absorption, a sense of something budding in your chest, and an increased interest in cooperation.

Practice random acts of kindness

One of the film's main takeaways is to get off the "hedonistic treadmill" of material desires, and onto the more solid footing of compassion, cooperation and service. Extend kindness in ever-widening circles and notice how it often comes back, twofold.

Claim your community

All your relations, family, friends, coworkers, neighbors and community have a huge impact on your happiness. Prioritizing these relationships, and devoting time for social bonding lies at the essence of our humanity. A healthy sense of community and a caring social network may be one of the best indicators of happiness.

Find your fulfillment

Lose yourself in some absorbing activity, such as gardening, dancing, music, or whatever your vocation; this ability can offer you a sense of complete fulfillment.

Appreciation, appreciation, appreciation

Money buys happiness, right? Wrong. The film conveys that true happiness stems from genuine gratitude for all that you do have, and a willingness to express that appreciation. Counting your blessing is a great way to shift the focus from what you don't have to what you do.

Watch Roko Belic's latest documentary film, Happy, for FREE on GaiamTV.com with their 10 Day FREE Trial subscription offer. www.gaiamtv.com

Teen Voices from page 1

zation. This opportunity began in 2011, when Teen Addiction Anonymous was notified that they had made the top twenty contenders in the "Fast Pitch" competition, sponsored by Arizona's Social Venture Partners (SVP), a group of collaborative donors, who support non-profits in our state.

Teen AA was just over two years old. Many refused to believe that teens were open to outreach and/or change, but the Social Venture Partners took their message seriously, and decided to place Teen AA in the top twenty semi-finalists. We were assigned a project. Each non-profit was asked to create the ultimate three-minute speech that would encompass all objectives, history and business strategies for future outreach within its organization. The opportunity to have a "voice" within the public sector would prove to be invaluable.

As we shared our visions with other competitors, it was humbling to learn about the commitments that these non-profits were making. Whether it was: providing organic food to the homeless, new clothes for first graders, programs to curb obesity and adult support for those with "special needs", it became obvious that each person represented a selfless organization in their outreach for the common good. Teen AA wondered if its mission would be heard when standing next to such invaluable programs.

The "Fast Pitch" award was more than creating a speech, however, it became a challenge to develop the ultimate business standards that would convince the corporate world and funders, that Teen AA was credible, reliable and worthy of their support.

A three minute speech? How hard could that be? Covering the budget, the history of our organization , the current outreach, the assessment process, the personal story, the statistics, the validation, our own experiences, the impetus behind it and the final statement were just a few of their expectations for the content. Every word, phrase, experience and statement had to be edited into the most effective and powerful unit of immeasurable force. In the final analysis, it would be the presentation of our lives.

"Their courage, tenacity, and ingenious ability to bring this program into the public sector carried the message within the crowded room. Teen AA's voice echoed off of every wall, through every person, and into the hearts of those who had known the devastation of addictive behavior."

The next several weeks were dedicated to multiple meetings with mentors and ongoing critiques within practice sessions. Teen AA was then selected to be in the final eight non-profits as we pressed on to the awards evening, where each "Pitch" would be presented to corporate and individual donors from throughout Arizona.

Nearly 300 guests and seven prestigious judges would listen to our "Fast Pitch" presentations. The ultimate evening, with such an accomplished audience, would allow us 180 seconds apiece, to inform, to impress and to validate our non-profit missions.

As the speaker for Teen AA, it was my turn to face the respected guests and judges. The hours of "fear and inadequacy" proceeding this moment of truth, simply dissolved. It was no longer about "me" standing on a stage; it was about the teens whom I represented. Their courage, their tenacity, their ingenious ability to bring this program into the public sector carried the message within the crowded room. Teen AA's voice echoed off of every wall, through every person, and into the hearts of those who had known the devastation of addictive behavior.

One hundred and eighty seconds, Teen AA's "Pitch" ended with…"and so it is up to each of us, to stand by their sides, and to fight for the lives of all children." The applause thundered throughout the room. Heads nodded in support. That evening, Teen Addiction Anonymous won "The People's Choice Award" and "The Judges' Innovation Award".

But what will always remain in our minds, were the many hands that we shook at the end of the evening, the stories that were shared and the strong sense of community that stood together in behalf of our teens. The voices of our children were heard.

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: The Arizona Kids Magazine, Arizona Best Practices publications and The Partnership for a Drug Free America.

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.

www.teenaddictionanonymous.org

Lighting Up When Lit Up

Smoking and drinking commonly kill together.

A group of smokers outside a 12-step meeting is as predictable as the coffee pot inside. The accepted wisdom among those in recovery and at rehab centers is that it's best to deal with the alcohol or drug addiction first and that addressing smoking at the same time may hinder that. Current research is indicating otherwise.

From The National Institute on Alcohol Abuse and Alcoholism

Alcohol and tobacco are among the top causes of preventable deaths in the United States. Moreover, these substances often are used together: Studies have found that people who smoke are much more likely to drink, and people who drink are much more likely to smoke. Dependence on alcohol and tobacco also is correlated: People who are dependent on alcohol are three times more likely then those in the general population to be smokers, and people who are dependent on tobacco are four times more likely than the general population to be dependent on alcohol.

The link between alcohol and tobacco has important implications for those in the alcohol treatment field. Many alcoholics smoke, putting them at high risk for tobacco-related complications including multiple cancers, lung disease, and heart disease. In fact, statistics suggest that more alcoholics die of tobacco-related illness than die of alcohol-related problems. Also, questions remain as to the best way to treat these co-occurring addictions; some programs target alcoholism first and then address tobacco addiction, whereas others emphasize abstinence from drinking and smoking simultaneously. Effective treatment hinges on a better understanding of how these substances – and their addictions – interact.

The National Institute on Alcohol Abuse and Alcoholism's 2001–2002 national survey, one of the largest comorbidity studies ever, confirmed the widespread use of alcohol with tobacco. Approximately 46 million adults used both alcohol and tobacco in the past year, and approximately 6.2 million adults reported both an alcohol use disorder and dependence on nicotine.

Alcohol and tobacco use varied according to gender, age, and ethnicity, with men having higher rates of co-use than women. Younger people tended to have a higher prevalence of alcohol use disorders, nicotine dependence, and co-use.

Comorbid mood or anxiety disorders are another risk factor for both alcoholism and nicotine dependence. Data show that alcohol abuse is strongly correlated with a co-occurring mood or anxiety disorder. The presence of comorbid mental illness also raises the risk for tobacco addiction. Another study found that 50 to 90 percent of people with mental illness

or addiction were dependent on nicotine.

A Double Whammy

Alcohol and tobacco use may lead to major health risks when used alone and together. In addition to contributing to traumatic death and injury (e.g., through car crashes), alcohol is associated with chronic liver disease, cancers, cardiovascular disease, acute alcohol poisoning (i.e., alcohol toxicity), and fetal alcohol syndrome. Smoking is associated with lung disease, cancers, and cardiovascular disease. Additionally, a growing body of evidence suggests that these substances might be especially dangerous when they are used together; when combined, alcohol and tobacco dramatically increase the risk of certain cancers.

Cancers of the mouth and throat. People who drink and smoke are at higher risk for certain types of cancer, particularly those of the mouth and throat. Alcohol and tobacco cause approximately 80 percent of cases of cancer of the mouth and throat in men and about 65 percent in women. For people who both smoke and drink, the danger of mouth and throat cancer increases dramatically – in fact, the combined risk is greater than or equal to the risk associated with alcohol multiplied by the risk associated with tobacco. Alcohol and tobacco co-use appears to substantially increase the risk of at least one type of cancer of the esophagus.

Liver cancer. During the past decade, the incidence of liver cancer has increased dramatically in the United States. Although some studies have reported that alcohol and tobacco may work synergistically to increase the risk of liver cancers, more research is needed.

Cardiovascular disease. The American Heart Association estimates that more than 34 percent of the U.S. population has some form of cardiovascular disease. Tobacco use and alcohol consumption both are major risk factors for various forms of cardiovascular disease. However, little evidence exists to suggest that drinking and smoking together raise the risk more than the sum of their independent effects.

Determining the risk factors for cardiovascular disease is difficult because the issues involved are extremely complex. First, cardiovascular disease encompasses a variety of conditions (such as heart attack, stroke, and hardening or narrowing of the arteries), which result from numerous factors. Second, although tobacco has been shown to raise the risk for cardiovascular disease in a dose-dependent manner – the more a person smokes, the more his or her risk of developing cardiovascular disease increases – alcohol's effect on cardiovascular disease depends on many factors, including gender, age, and drinking patterns. Overall, moderate drinking appears to reduce the risk for many forms of cardiovascular disease, whereas drinking large amounts of alcohol generally increases the risk.

Mutual Craving

Why do tobacco and alcohol use co-occur so frequently? Clearly environmental factors contribute to the problem. Both drugs are legally available and easily obtained. Over the past two decades, however, it also has become clear that biological factors are at least partly responsible. Although tobacco and nicotine have very different effects and mechanisms of action, it has been speculated that they might act on common mechanisms in the brain, creating complex interactions. These possible mechanisms are difficult to study, because alcohol and nicotine can affect people differently depending on the amount of the drugs consumed and because numerous factors, including gender and age, influence the interaction between nicotine and alcohol. Still, a common mechanism might explain many of the interactions between tobacco and alcohol, as well as a possible genetic link between alcoholism and tobacco dependence.

Studies show that consuming tobacco and alcohol together can augment the pleasure users experience from either drug alone. For example, in one study subjects were given either nicotine-containing or nicotine-free cigarettes and asked to perform progressively more difficult tasks to earn alcoholic beverages. The subjects who smoked nicotine-containing cigarettes worked harder and drank more alcohol than those smoking nicotine-free cigarettes. Conversely, another study showed that drinking alcohol enhances the pleasure reported from smoking cigarettes. This research is supported by animal studies, which show that nicotine-treated animals consumed more alcohol than did control animals.

Evidence increasingly suggests that both alcohol and tobacco may act on the mesolimbic dopamine system, a part of the brain that is involved in reward, emotion, memory, and cognition. Brain cells (i.e., neurons) that release dopamine – a key brain chemical involved in addiction – have small docking molecules (i.e., receptors) to which nicotine binds. Evidence suggests that the interaction between alcohol and tobacco may take place at these nicotinic receptors. When nicotinic receptors are blocked, people not only tend to consume less nicotine but also less alcohol. This common mechanism of action may explain some of the interactions between alcohol and tobacco, including why alcohol and tobacco can cause users to crave the other drug and the phenomenon of cross-tolerance.

A decrease in a person's sensitivity to a drug's effects often is referred to as tolerance. This phenomenon occurs when a person must consume more of a substance in order to achieve the same rewarding effect. In the case of alcohol and tobacco, this puts him or her at greater risk for developing dependence. Cross-tolerance — that is, when tolerance to one drug confers tolerance to another – also has been documented in people who smoke and drink.

A Family Affair

Recent studies suggest that common genetic factors may make people vulnerable to both alcohol and tobacco addiction. Both alcohol and nicotine dependence run in families. Identical twins (who share 100 percent of their DNA) are twice as likely as fraternal twins (who, like all siblings, share 50 percent of their DNA) to be nicotine and alcohol dependent if the other twin is dependent. Strains of mice have been bred to be more or less tolerant to alcohol's effects. And recently, the ***Collaborative Study on the Genetics of Alcoholism*** – the first study to examine the human genetic makeup (or genome) for regions that involve both alcohol dependence and smoking – has identified genes and regions of genes that may be involved in both alcohol use disorders and nicotine dependence.

Researchers suggest that some overlap may exist between genes that code for sensitivity to alcohol and those that influence sensitivity to nicotine. People may be more or less sensitive to alcohol and tobacco's effects because of natural genetic variations in the number and type of nicotinic receptors that they possess.

More than half of patients in treatment for alcohol and other drug dependence die from tobacco-related illnesses. Yet, tobacco addiction often is not addressed in recovering alcoholics. One of the major barriers to treating tobacco dependence in patients with a co-occurring alcohol use disorder is the notion that it is too difficult to quit both alcohol and tobacco and that attempts to quit tobacco might adversely affect the patient's recovery from alcoholism.

Treatment facilities often concentrate on the "primary" addiction to alcohol and treat tobacco use as a more benign addiction. Fewer than 1 in 10 treatment facilities ban tobacco use on their grounds, and many treatment facilities do not screen for or treat tobacco dependence. Moreover, several researchers note that many treatment facilities enable patient smoking by adjourning meetings for "smoke breaks" and allowing staff to smoke openly with patients.

Studies show that quitting smoking does not cause abstinent alcoholics to relapse and may actually decrease the likelihood of relapse. However, it is less clear whether co-occurring tobacco and alcohol addictions ought to be addressed one at a time or concurrently. Study results are mixed. Although some studies show that simultaneous treatment of tobacco and alcohol addiction improves outcomes, others suggest that concurrent treatment can worsen outcomes. Some of these contradictory results may be attributed to differences in what is considered to be "concurrent" treatment from study to study – some researchers began smoking cessation treatment early in substance abuse treatment, whereas others

Lighting Up *continued next page*

Lighting Up

began smoking cessation after sobriety was achieved or between two treatments.

New Jersey is the first state to require that residential addiction treatment facilities address tobacco dependence as well as dependence on a primary substance. The new policy requires residential facilities to assess and treat patients for nicotine dependence and to maintain smoke-free grounds. Despite initial concerns that the new regulations would negatively affect treatment (e.g., that patients might leave treatment early, before the full course was completed), preliminary results are encouraging. But this study had obvious limits. New Jersey's Division of Addiction Services implemented the program but did not enforce penalties for facilities that failed to comply (i.e., failure to comply did not result in citation or loss of license). This might have compromised the effectiveness of the program.

Smoking and Mental Disorders

Patients with co-occurring disorders, such as major depression, alcohol use disorders, and nicotine dependence, are increasingly common in clinical settings. Treating these patients presents challenges because the relationship between alcohol and tobacco dependence and major depression is complex and self-sustaining. Patients may drink or smoke in an attempt to "self-medicate" to alleviate their feelings of depression. Additionally, depression and anxiety are associated with cravings for alcohol and nicotine. And long-term use of alcohol and nicotine can produce low levels of the brain chemical serotonin, which might trigger or worsen depression.

Given the apparent link between drinking, smoking, and depression, some researchers suggest that clinicians must address both addictions and major depression in order to treat these patients effectively. Medications and psychotherapy can be useful in treating these patients. The researchers conclude that combining pharmacotherapy with psychotherapy might be the best mode of treatment.

Because of the mortality and morbidity associated with both tobacco and alcohol abuse, it is important to address both addictions. Research is beginning to explain some of the reasons behind the frequent co-occurrence of these disorders. Treating co-occurring disorders remains a challenge; however, evidence suggests that combining treatments might be the most effective way to address concurrent addictions. Special populations, such as depressed patients and adolescents, present additional challenges, but research is exploring new strategies targeting these groups. Although more work needs to be done, it is clear that research already is helping to improve the lives of people with co-occurring addictions to alcohol and nicotine.

LIFE 101

By Coach Cary Bayer www.carybayer.com

What Donkeys Can Teach us About Grace

was watching the Democratic national convention recently and noticed their logo, the donkey, and that inspired this column. The donkey, or ass—or what scientists refer to in their classifying jargon as Equus africanus asinus — is a member of the horse or Equidae family, which were domesticated by us about 5,000 years ago. We also know it colloquially as the beast of burden. This jack and jenny (male and female donkeys, respectively) can teach us much more than Jack and Jill and all their water fetching, crown breaking, and tumbling down ever did. Maybe it's time we created a nursery rhyme about asses. That's because they serve as beasts of burden quietly, with grace, and without complaining.

Imagine what life in society would be like if people endured the burdens they confronted quietly, with grace and without complaining. I'm not suggesting that people become Job-like—that's Job, the character in the Old Testament who endured tests from God quietly and with grace and without complaining, rather than job-like, as in the 40-hour chores people endure noisily, without grace, and with much complaining. (Happy hours were designed for people to drink away their complaints just minutes after their work was done for the day. Scientists are unaware if such booze fests exist for donkeys, but early indications suggest that they do not.)

Oenologists are experts in wines. Far too many people are experts in whines. This is most unfortunate, because complaining about what happens or doesn't happen in life interferes with the lessons that one can learn when things don't happen the way one hopes or expects them to. There's a class that's marinating in the back of my mind that I'm going to give one day called "Everything is either Joy or a Lesson." People are often joyful--the way they are after their third glass of wine has kicked in--when things go according to plan, but they can be miserable whiners when they don't. This is sad because this is the Universe's chance to present you with a lesson.

Lessons require a teacher and a student. Complaining interrupts the learning process. When you refrain from complaining and, like an ass—the donkey, that is, not the person who's behaving like a jerk—you endure the burden quietly, the stage is set to learn the lesson that the Universe is delivering. With an open mind, you can inquire into what the teaching is. The lack of complaining, the openness of mind, and the inquiry don't automatically reveal the lesson to you, but they certainly help. And once the lesson is learned, growth can occur for you, and thinking, speaking, and behaving differently can take place going forward. You can evolve more from adversity than from success.

A couple of quotes beautifully articulate this point — the first from John Heywood, the 15th century English writer: "If you will call your troubles experiences, and remember that every experience develops some latent force within you, you will grow vigorous and happy, however adverse your circumstances happen to be." The other is from John Churton Collins, the 19th century English literary critic, who said, "In prosperity, our friends know us; in adversity, we know our friends."

By accepting our burdens with grace and without complaining, I'm not suggesting that you deny your feelings about what happens in your life. There's great therapeutic effect in expressing your feelings as things occur. Note the italics: children express their feelings quickly as they occur and, in doing so, can move on to their next experience. In other words, they don't wallow in it. Complaining is a kind of wallowing that robs you of your peace, robs those around you of their peace, and prevents you from learning and growing.

Doing lots of it makes you an ass, foolish like far too many people. Doing none of it makes you an ass, wise like the animal who has served us lovingly for five millennia.

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
Clean and Sober Living	602-540-0258
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
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
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
NCADD	602-264-6214
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
Sage Counseling	480-649-3352
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
LEGAL SERVICES	
Dwane Cates	480-905-3117
REAL ESTATE	
LaRae Erickson	602-625-9203

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