

TogetherAZ

AUGUST 2019

INSPIRING SUCCESS ON THE ROAD TO RECOVERY

Addiction and Empathy

By Kevin McCauley, MD

“Heroin addicts are sweet people.”

I sometimes make this shocking statement in my lectures. I think I do it to push back against what I learned in medical school: that addicts are sociopaths. I don’t believe this. When I talk to a person struggling with addiction, I don’t hear a person who doesn’t care about the feelings in those around them. Addicts — heroin addicts especially — are exquisitely sensitive to the feelings in those around them.

A lot of parents agree with me. They’ve always known their child to be uniquely sensitive — maybe too sensitive. Addicts seem possessed of a uniquely acute capacity for empathy. They’re plugged into the pain of the world. For some it is their undoing. (About one in five parents, though, say “Uh, no. He’s always been kind of a selfish jerk.”)

So which is it? Are addicts uniquely empathic? Or commonly sociopathic?

Where do addiction, empathy and recovery meet?

Empathy has three components: shared affect — the ability to share the feelings of another, empathic concern — my motivation to comfort another’s pain, and perspective taking — can I see the world through the eyes of another?



My theory about empathy and addiction is this: in addicts, the first two are too strong and the third is impaired.

Perhaps what we’re seeing isn’t so much an especially developed capacity for empathy as it is a collapse of the way the brain constructs empathy. This sets up a dangerous paradox: addicts see themselves as uniquely sensitive but are blind to the ways in which they hurt the people about whom they purport to care. This is the most destructive symptom of addiction. Fortunately, it is also the

most repairable. The task of recovery is to re-calibrate the addict’s capacity for empathy.

Intoxicants, especially opioids, play havoc with empathy because they disrupt my ability to accurately feel pain. The areas of my brain that process the pain I feel are also active when I observe pain felt by others. Acutely, pain relievers dampen both felt pain and observed pain. A recent study showed that taking a single Tylenol can decrease one’s capacity for empathy. So imagine what taking heroin can do.

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U.S. Opioid Crisis Evolved to Fentanyl Crisis

According to the Government Accountability Office, “synthetic opioids like fentanyl accounted for more than 19,000 of the nearly 64,000 overdose deaths in 2016.” According to CDC data, 2017 saw more than 28,000 deaths involving synthetic opioids in the U.S., which is more than any other type of opioid.

Bryce Pardo, associate policy researcher at the RAND Corporation, explained the different ways fentanyl usage — both as powerful painkiller prescribed by doctors and a street drug — manifested in the U.S.

“By and large, when this problem started, it’s important to keep in mind drug users themselves did not want fentanyl.” “They didn’t know they were coming into contact it. They thought they were buying heroin, or a prescription tablet.”

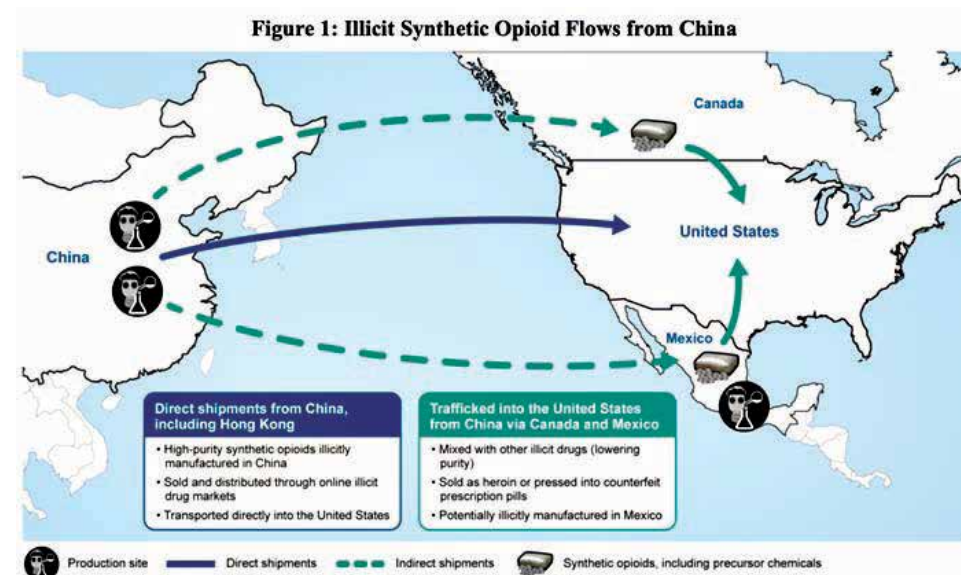
The largest source of fentanyl: China

According to the *World Drug Report 2019*, “North America is the principal market for fentanyl, but seizure data suggest that trafficking has expanded worldwide. While just four countries reported fentanyl seizures to UNODC in 2013, 12 countries did in 2016 and 16 countries in 2017.”

China is the largest source of illicit fentanyl, according to the U.S.-China Economic and Security Review Commission (USCC), as well as fentanyl-like substances that have been increasingly imported into the U.S. in recent years.

Much of it has been attributed to weak regulations on China’s side.

“Because the Chinese government schedules chemicals one by one, illicit manufacturers create new substances faster than they can be controlled,” the USCC’s brief said. “U.S. officials have proposed strategies for Beijing to systematically control all fentanyl substances, but the changes have not been approved



by the Chinese government.”

Several pharmaceutical companies have come under fire recently facing lawsuits alleging their roles in the rise of opioid addiction. Forty eight states and the District of Columbia sued Purdue Pharma over its marketing tactics in relation to opioids. The founder of Insys Therapeutics and four top executives were recently convicted for bribing physicians to prescribe fentanyl spray to patients who didn’t need it. Congress needs to pass more stringent laws and stop lining their pockets with money from these pharmaceutical companies.” (Source: CDC)

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Publisher's Note

By Barbara Nicholson-Brown

Truth or Consequences

I was thinking about how important honesty is — especially if we want to stay firmly planted in our recovery. Lying was second nature to me when I was in active addiction — and I was never very good at it — no matter how I tried to pull it off.

As a kid, my facial expression and body language gave me away. My parents *always knew* before I said a word because, the tell tale signs were easy to spot. I averted any eye contact, I stared at the floor and my cheeks got flushed. Lying grew along with me into my ‘teenage rebellious’ years, until I got sober. I lied all the time, especially about drinking and it fueled my shame and guilt. No one trusted me, and why would they?

There were many consequences for my behavior, and looking back it could have been *fatal*. I was absolutely clueless and completely powerless to stop drinking without help, I didn’t know it at the time, nor did I want to.

Alcohol and drugs and I do not mix. So I remain vigilant in my recovery and remain conscious of what I do, who I’m with and where I go.

No matter how many days or years sober, I’m no more immune from picking up than any one else. **Relapse really scares me** — I’m grateful for that healthy fear. No one I know has ever come back from a relapse saying it was great fun, if they get back at all. **This disease is deadly.**

Because being sober is the most important aspect of my life. There is freedom in truth and living without lies. It’s much simpler this way.

Barb



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Your Truth, My Truth, THE Truth

By Dr. Dina Evan

I am afraid that we have caught the ‘*lying disease*’ from the White House and are now emulating it. I have watched parents stand silently by as their children tell bold face lies, supporting, even encouraging the lies, never speaking up. I watch commercials, wanting us to believe if our turtle doesn’t like the car we just purchased, we can bring it back for a full refund or we can look 20 years younger with a swipe of a magic potion. So where has truth telling gone and why aren’t we trying to find it again?

I’ve told this story before because it made such an impact on me.

It’s about a woman in India who was upset her son was eating too much sugar. No matter how much she chided him, he continued. Totally frustrated, she decided to take her son to see his great hero Mahatma Gandhi. She approached the great leader respectfully and said, “Sir, my son eats too much sugar. It is not good for his health. Would you please advise him to stop eating it?” Gandhi listened to the woman carefully, turned and spoke to her son, “Go home and come back in two weeks.” The woman, looked perplexed and wondered why he had not asked the boy to stop eating sugar.



She took the boy by the hand and began her exhausting two-day walk back home. Two weeks later she returned, boy in hand. Gandhi motioned for them to come forward. He looked directly at the boy and said, “Boy, you should stop eating sugar. It is not good for your health.” The boy nodded and promised he would not continue any longer. The boy’s frustrated mother

turned to Gandhi and asked, “Why didn’t you tell him that two weeks ago when I brought him here to see you?” Gandhi smiled, “Mother, two weeks ago I was still eating sugar myself.”

Gandhi lived in such integrity that he would not allow himself to give advice unless he was living by it himself. This is one of the toughest topics to write about, because first, it is incredibly important and also because believe it or not, there are several types of truth. For instance, there is the Universal Truth we can all agree on. We are on the amazing planet and we live and we die. Albeit, for some, the body may die, but the soul does not — depending upon what you believe.

Another type of truth, is my truth and your truth

Those truths come from our *little red wagon of life experiences*, some of which are even unconscious. When each of us, is sincere and genuine in what we believe to be the truth, then we can say our truth is true for us. And yet when there are two people, there is a truth that is also true for the other, and those truths can collide. And it’s in the middle of that collision, you both have to use your communication skills, be willing to

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give up your need to be right and listen to see how the other person’s truth is true or him or her. That’s when the holy moment of healing occurs.

Once I understand how your truth is true for you, and you understand how my truth is true for me, then, we can negotiate a compromise that works for both of us.

Now, here’s the headline!

If we just argue about who is right, or insist on proving we are right, we never get to the holy moment or the healing. Unfortunately, today what we are seeing is people who think being right is more important than truth or being ethical and principled. The most important thing we can do for ourselves, our growth in consciousness and our kids, is make sure we are telling the truth about everything and make sure none of it is delivered with a sledge hammer. For instance if someone asks, “Do you think I look good in this dress,” and you hate the dress, you can always say, “I like the green one better. “See you are learning to be a sweet, savvy truth-teller already.



Dr. Dina is a Marriage, Family, and Child Therapist and Consciousness Counselor. She has presented nationwide seminars and workshops, written several books and created meditation CDs for couples, individual and mental health professionals. She has also won national acclaim as a human rights advocate. Visit www.drdinaevan.com or call her at 602 571-8228.

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FINDING YOUR T SPOT

Trauma Isn't Sexy, but We Need to Talk About It

By Dr. Heidi Green

There are a lot of hot topics in the mental health arena right now. People love to talk about self-empowerment, ending toxic relationships, and mindful meditation practices. These are valuable talking points with plenty of helpful information to be gleaned. But there is another, less “hot” topic that we need to discuss. **The T word. The Big T. Trauma.**

You might think, “I don’t have trauma!” As a therapist, I’ve heard this proclamation countless times from clients who come to my office to talk about their anxiety or depression symptoms. “I had a great childhood,” they tell me. “I have a great life. There’s no reason for me to feel this way.” These are the kind of statements people make to minimize their undesired feelings and attribute their struggles to nothing more than their own innate defectiveness. This theme became so repetitive in my practice, that I started my Instagram account, @drheidigreen, to educate people on common mental health misconceptions and provide tools for living a happier life.

So, let’s get real

We are all the product of our life experiences, and trauma is part of the human experience. Your traumatic experiences, big or small, create an imprint on your brain and your heart and become a part of who you are. Trauma impacts the way you see yourself and the world. It dictates the way you respond to conflict, adversity, and stress. Whether or not you want to acknowledge it, you too, have a T-Spot. You might not know where it is, you might not know how to find it, but it’s there, and it’s time to talk about how to access it so you can clean out your old wounds and be the healthiest, happiest version of you possible.

What is Trauma Anyway?

Let’s define the word trauma. Most people who think they don’t have trauma, say that because they define trauma as catastrophic events like physical or sexual abuse, the death of a parent or child, rape, or near-death experiences. While these overt experiences certainly are trauma, I define trauma as any painful experience that has a negative impact. With that definition in mind, we open the door to a variety of experiences from childhood bullying, emotionally unavailable parents, learning difficulties, poverty, rejection, significant life changes like moving or romantic break-ups, job losses and more. We are all impacted by our painful life experiences. These traumas change us, and if we aren’t mindfully aware of the ways our trauma impacts us, those experiences can color the way we interact with the world in profoundly unhelpful ways.

So how do you find your T-Spot? Well for starters, you need to recognize that none of your adult struggles are random. You aren’t in distress “for no reason.” Your upsetting emotional states exist for a reason, and one of those reasons is trauma. You might think, “Well I have a family history of [insert mental health diagnosis here], so I’m just destined to feel this way.” Your biology plays a role, but it isn’t the only factor in your mental health.

Genetics predispose us to certain traits, but it’s our life experiences that activate those traits.

You are a culmination of every life experience you’ve ever had. Those experiences instilled messages about who you are, how others perceive you, and how to behave to protect yourself, your relationships, and your sense of self-worth. You can identify your T-Spot with another T word: Triggers. What situations activate a strong emotional response inside you? We aren’t born with triggers. They develop in response to situations that make us feel physically or emotionally unsafe. So, when your internal alarms start sounding, you know you’ve hit your T-Spot. Once you identify a trigger, ask yourself, “What does this remind me of?” Your answer will be an unresolved trauma.

How Early Life Trauma Impacts Adults

Let’s say you grew up in a home with a parent struggling with a mental or physical illness. You may have learned that your parent was fragile, that you needed to be strong and take care of them. You also might have learned that when you had needs, it was overwhelming for them and they were unable to attune to you. As a result, you learned to ignore your needs and be a “good child” who was helpful, accommodating and attuned to the needs of your parent. While these responses were adaptive in childhood and helped you earn connection and affection from a compromised parent, these qualities probably interfere in your adult relationships. You may be overly accommodating of others, have trouble setting boundaries or saying no, and harbor unspoken resentments because you feel taken advantage of and disrespected by the people closest to you.

“I don’t know why I’m so angry and resentful,” you might say. The answer is trauma. Your unique trauma history causes you to ignore your needs, but it doesn’t eliminate those needs. As such, your unmet human needs lead to feelings of resentment towards those for whom you pour all your energy. Because you do not express your needs or your dissatisfaction, those close to you might not have any idea why you are upset or even know that there is anything wrong. You may hold them accountable, but ultimately, it is your

responsibility to make your needs known.

This is just one example of the countless ways our early life trauma impacts our adult functioning and overall wellness. If we want to be the best versions of ourselves, we need to identify and resolve our past trauma, so we don’t continue reacting to our lives from a triggered state. If you recognize that your early experiences are interfering with your ability to be your best self in the present, it could be time to seek the help of a therapist. A therapist can walk you through your traumatic experiences and help connect the dots between adaptive childhood thoughts and behaviors that have transformed into unhelpful adult thoughts and behaviors. With that knowledge, you can set yourself on course to change your unhelpful ways of being and shift into your healthiest, happiest self.

Dr. Heidi Green is a childhood trauma survivor and a clinical psychologist. She is passionate about helping people move past trauma, fall in love with themselves, and cultivate the life of their dreams. You can follow her on Instagram, Twitter, and Facebook at the handle @drheidigreen. She authors the blog *Living a Blissful Life* on HealthyPlace.com and provides more mental health education and inspiration on her website www.drheidigreen.com. To contact Dr. Heidi Green, contact PCS at 480-947-5739 or Instagram: @drheidigreen, Twitter: @drheidigreen, Facebook: @drheidigreen. Website is drheidigreen.com, where readers can join my email list.



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IN the NEWS

Scottsdale Recovery Center is now in network with Blue Cross Blue Shield. Many private substance treatment facilities have faced challenges in building partnerships with insurance companies. SRC is now partnered to BCBS and accepting individuals who are members of the large provider. The main types of insurance coverage offered by BCBS are HMO and PPO. On top of HMO and PPO based insurance plans, BCBS offers several tiers of coverage. The four different tiers of insurance coverage include a bronze, a silver, gold or a platinum plan. The HMO plan prefers members to stay in network with BCBS when getting care. For a health care provider to be 'in network', he or she must be contracted with BCBS in order to provide any services at rates that are discounted. All treatment facilities must meet BCBS's stringent program requirements and bi-laws in order to become an In-Network Provider, including advanced quality of care criteria that ensures the best treatment possible. Scottsdale Recovery Center has met all expectations and requirements to fall within this category.

SRC believes in helping people get sober while ensuring the least possible financial expense to our clients and their families. At Scottsdale Recovery Center, our intensive outpatient program is covered by Blue Cross Blue Shield insurance plans. Intensive outpatient treatment is an important part of an individual's success in recovery. Visit scottsdalerecovery.com or call 866-893-4806.

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For more information visit arizonacoalition.org/wp-content/uploads/2019/07/2019PhxVASummit.pdf.

Family Prevention Strategies

Implement these in your home to prevent drug and alcohol use



Be Consistent

- Make sure that both adults/guardians are sharing the same message on drug and alcohol use
- Create consistent rules, boundaries and consequences around drugs, alcohol and peer groups
- Set boundaries and verify they are met; extend privileges as earned over time
- Model the behaviors that you want to see in your child
- Engage in positive activities such as exercise, athletics, faith and constructive hobbies

Communicate

- Listen more than you speak and create opportunities for two-way conversations around substance use
- Share real-life examples of drug and alcohol use and their consequences
- Role-play situations and give your child words to say "no" and remove themselves from peer pressure
- Share personal/family use with honesty, but without reliving or glamorizing past drug/alcohol use.

Educate Yourself

- Identify current drugs and paraphernalia associated with drug use
- Be able to recognize the signs and symptoms of drug/alcohol use
- Know the effects of drug use and what your child is likely to look like on drugs
- Properly dispose of unused prescription pills and lock and monitor alcohol or family members prescriptions
- Create a home atmosphere where kids feel comfortable

Know Your Child

- Be able to recognize anything out of the ordinary that may be signs of substance use
- Be aware of internet use and what kids are posting, sharing and viewing online
- Check your child's room and backpack for drug paraphernalia and alcohol on a regular basis
- Discuss boundaries around drugs/alcohol with parents your teens interact with
- Use drug testing or breathalysers to verify behavior
- Try to spend 15 minutes a day with each child

Build Community

- Enlist the support of family, friends, coaches, etc. to help support and uphold family values
- Encourage members of your community to create a drug and alcohol prevention plan. (Source: goyff.az.gov)

Mental and Behavioral Health Information and Resources

As a free service, Marc Community Resources, Inc. provides mental and behavioral health information and resources. Our Referral Coordinator enjoys helping navigate through the often confusing world of the Arizona mental health system, locating the professionals and organizations best able to assist the people that he serves. No matter what your need is, he is committed to solve the problem or point you in the right direction!

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members and loved ones feel they overcame issues without help or treatment.

This sends an confusing message where treatment is being considered. It may make one wonder if they should not ask for help but try instead to gather a cold turkey moment out of thin air and sheer "willpower."

For most addicts, they may not be able to stop without assistance — even with considerable mental strength. Like someone with diabetes, one person may be able to control it with diet and exercise, and another with similar genes may need a completely different treatment plan.

I often work immediately with family members to step out of themselves and see the person in front of them as unique — leaving aside their own history as very different event.

For someone exploring treatment options, it can be a deterrent to suggest they should do as someone else did. This may result in someone not seeking as much help, or the right kind, for themselves.

Shame and Guilt

This type of emotional reaction wreaks more havoc. While it is a common experience to immediately pull into yourself and wonder what you've done wrong, it is rare anyone could ever say it is a loved ones "fault" a substance use issue occurred. While there are plenty of things to explore in terms of how to best support your child's recovery and make positive changes for their benefit, it

becomes a convoluted mess when guilt and shame are involved.

We frequently enable, miss opportunities for strong boundaries, and accidentally make excuses thinking erroneously we should shoulder more than our fair share of the blame.

While there are many reactions, these two are common ones I see that require some work often times with a qualified counselor, a parent support group, or educational seminars.

Consider the common Al-Anon motto, "we didn't cause it, we can't control it, and we can't cure it."

This motto brings these reactions to light. This simple saying brings many a weary family member back to center. Remember that despite all the mental effort, the work you can do to be helpful is probably found in these truths, loving called the "Three Cs of Al-Anon." Family members and support persons can take this to heart and find a group, counselor, or supportive ear and dig a little deeper into our own reactions which may prevent us from seeing the problem in someone else with clarity. In closing, while it can be a harrowing and powerless feeling to begin this journey as a supportive parent, we find that a good starting place is a journey that starts right within us.



Kim Miller is a LCSW, LISAC, EMDR, Advanced Level Somatic Experiencing Practitioner, Meadows trained clinician, Certified Life/Executive Coach in private practice specializing in attachment trauma, codependency, addictions, mental health, and trauma.

Bewildered by Addiction

By Kim Miller, LCSW

As a trauma and addictions therapist for over 20 years, I have worked with literally thousands of family members who are frustrated, hurt, and bewildered by their loved one's substance abuse issues.

Discovering someone you love has a problem is often ranked up as one of the worst days of our lives. Although we have many different reactions, many of us remember the details of this event just like hearing the news of any other traumatic event. We replay the movie in our mind and feel every feeling imaginable throughout the process. We may go through some or all of the stages of grief — we feel disbelief, hope it isn't the case, and wish we could change it. We feel anger, sadness, and finally come to terms with the issue —not necessarily in that order.

Sharing these inner reactions can be rewarding and healing from the standpoint of allowing us to get acknowledgement and clarity from others who are bravely walking the path with us.

For Parents

An important first step when working with a parent is to help them work through these initial reactions, and any ongoing stress from having lived with or interacted with an addict in the cusp of their behaviors. It can be terrifying and erode your sense of direction.

Most family members need a place to share their concerns, fears, and hurt. No two stories are alike, but relating to other people makes us realize that at least we are not alone.

Looking at our internal dialogue, reactions, and projections on the matter can be fundamental in the process.



Two of the most common reactions I see become obstacles to the recovery process are personal story comparisons and shame/guilt. I've spent long hours working with families on their disbelief surrounding their child's use of drugs or alcohol. Many times they themselves had a phase or addiction they were able to combat with a particular resource, process, or "cold turkey" approach. This is totally understandable.

One of the first things most people do when they hear news about a loved one is think about our own experience with similar problems and try to solve their adolescent's problem using a solution from the past.

We lovingly project and formulate a solution upon our kids. Unfortunately, everyone's unique history, genetic code, and chemistry, coupled with how much more potent drugs and routes of administration are vs. those used years ago, we may be off in our estimation of exactly how someone can or should follow another person's path. Some family

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EMPATHY *from page 1*

With chronic use, opioids can actually make pain worse. Everything hurts—the opioid addict is hypersensitive to physical pain but also to emotional pain. There’s even a word for this phenomenon: hyperkatifeia. It is the residual hypersensitivity to emotional distress that persists long into abstinence. There is simply too much shared affect.

The second component of empathy — empathic concern — may not be a strengthened desire to ease another person’s pain but rather an attempt to avoid intensely felt pain where the ability to distinguish self from other is compromised. This is not so much compassion as codependency. My urge is not to comfort, but to control.

If the shared affect and empathic concern components of empathy are too strong in addicts, then perspective taking is the component that isn’t strong enough.

Mood

Much of what we call “mood” starts out not in the brain, but as signals sent to the brain by a myriad of systems in the body. Interoception is my awareness of these signals coming from my body. Heartbeat, breathing, digestion, even blood glucose level — all this information goes the brain and usually falls outside conscious awareness, although I can train myself to become conscious — or mindful — of these signals. But when interoceptive awareness fails - a condition known as alexithymia - feelings become muddled and difficult to identify. Am I sad or angry? Is this craving or hunger? My emotions, decisions, and ability to relate others all suffer.

Two areas of the brain process interoceptive signals. The Insular Cortex (IC) attaches interoceptive awareness to consciousness. Naqvi described a group of smokers who suffered strokes in their insular cortex. This damage caused them to simply forget they were smokers (they didn’t

“Addicts see themselves as uniquely sensitive but are blind to the ways in which they hurt the people about whom they purport to care. This is the most destructive symptom of addiction.”

even go through nicotine withdrawal). This area of the brain has been receiving a lot of attention lately since it is active during craving brain states. This area of the brain is believed to be the key to denial and inflexible thinking that characterize addiction. I cannot take into account the opinions of those around me.

The Anterior Cingulate Cortex (ACC) links interoception to self-awareness, and is a key area of the cortex for pain perception. The ACC serves as an error and conflict detection system. One kind of error is picks up are social cues: this is where I see myself through the eyes of others. If my ACC fails, I may lose my ability to understand how my addiction hurts those around me. My perspective taking is shot. This is a terrible impairment for a person who considers themselves sensitive to the feelings of others to have.

When confronted with these deficits some addicts have a sudden “moment of clarity” that opens the door to recovery. Others suffer a flood of shame that powers their addiction further. It takes a skilled therapist (and/or sponsor) to hold up the mirror to the patient at just the right moment. Perhaps this is why contemplative practices and mindfulness-base therapies such as Dialectical

Behavioral Therapy (DBT) and Acceptance and Commitment Therapy (ACT) improve empathy and facilitate recovery from addiction. Techniques such as Neurofeedback and Somatic Experiencing improve interoceptive awareness, thus improving emotional regulation and decision-making.

As an addiction, it may not be that I am more empathic, but I still remain acutely sensitive to the feelings of others. If I can learn to control this capacity, that sensitivity and accurate empathy could be of great value to others. Recovering addicts can be some of the most gifted therapists, nurses and doctors you would ever care to meet —once we understand where the pain of the world ends and our pain begins, and gain the wisdom to know the difference.



Dr. Kevin McCauley is a Senior Fellow at Meadows Behavioral Healthcare. He first became interested in the treatment of substance use disorders while serving as a Naval Flight Surgeon, where he observed the

U.S. Navy’s policy of treating addiction as a safety (not moral) issue and returning treated pilots to flight status under careful monitoring.

Dr. McCauley wrote and directed two films: *Memo to Self*, about the concepts of recovery management, and *Pleasure Unwoven*, about the neuroscience of addiction, which won the 2010 Michael Q. Ford Award for Journalism from the National Association of Addiction Treatment Providers. Dr. McCauley lives in Sedona with his wife, Kristine, who teaches third grade at the Desert Star Waldorf School. www.themeadows.com

(Printed with permission: The Meadows)



Moving VAN into the Mystic

The other day I walked down a country road near my Woodstock, New York home with an older friend who’s lived there for decades. He remembered when Irish troubadour Van Morrison came to live in town in 1969. We also talked about the legendary Woodstock concert of that same year, celebrating as it is, its 50th anniversary this August 15-18. That got us singing songs by the Catholic mystic. I hadn’t realized how many of his songs were spiritual, inviting both himself and others to embrace the infinite Spirit within man’s soul.

As he wrote in “Into The Mystic,”
“I want to rock your gypsy soul
Just like way back in the days of old
Then magnificently we will float into the mystic.”
Some song titles speak directly about higher consciousness. In “Enlightenment,” he sings in a Zen brogue:
“Chop that wood
Carry water
What’s the sound of one hand clapping?
Enlightenment,

He continues in a new age tongue:
I’m in the here and now, and I’m meditating
Enlightenment says the world is nothing
Nothing but a dream, everything’s an illusion
And nothing is real

He continues, inviting us to empower our Reality.
“Good or bad baby
You can change it anyway you want
You can rearrange it.”

At times, he drank deeply from the inner spiritual well, singing in “Beautiful Vision.”
“Beautiful vision
Stay with me all of the time
Beautiful vision
Stay ever on my mind with your beautiful...
Mystical rapture
I am in ecstasy
Beautiful vision
Don’t ever separate me from your beautiful...”

Thirsty for such experiences to continue, he sometimes invokes God, sometimes the Holy Spirit, here an angel in “Dweller on the Threshold.”
“Feel the angel of the present
In the mighty crystal fire
Lift me up consume my darkness
Let me travel even higher

“I’m a dweller on the threshold
As I cross the burning ground
Let me go down to the water
Watch the great illusion drown.”

Sometimes he keeps it more new age, invoking the One in “Hymn to Silence.”
“I wanna go out in the countryside
Oh sit by the clear, cool, crystal water
Get my spirit, way back to the feeling
Deep in my soul, I wanna feel
Oh so close to the One, close to the One
Close to the One, close to the One
And that’s why, I keep on singing baby
My hymns to the silence, hymns to the silence.”

In “Foreign Window,” he sings of reincarnation:
“And if you get it right this time
You don’t have to come back again
And if you get it right this time
There’s no need to explain.”

Other times, he’s almost evangelical, like in “Whenever God Shines His Light.”
“When I reach out for him he is there
When I am lonely as I can be
I know that God shines his light on me
“If you live (if you live) the life you love (the life you love)
You get the blessing from above (from above).”

In “Give Me My Rapture,” he asks God for purification that he might enjoy exalted states again:
“Won’t you guide me through the dark night of the soul
That I may better understand your way
Let me be just and worthy to receive
All the blessings of the Lord into my life
Let me purify my thoughts and words and deeds
That I may be a vehicle for thee
Let me hold to the truth in the darkest hour
Le me sing to the glory of the Lord
Give me my rapture today.”

Other times he wonders if listeners feel the healing he sings about. He does just that in “Did Ye Get Healed?”
“I wanna know did you get the feelin’
Did you get it down in your soul?

“I wanna know did you get the feelin’
Oh, did you get healed?
I begin to realize
the magic in my life
See it manifest in oh so many ways.
Every day it’s getting better and better.
I wanna be daily walking, daily walking close.”

Speaking of walking...who’d have thought that a country walk would result in these observations from a former neighbor who’s moved so many people on so many continents?

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A Look at Boundaries in Recovery

When you're in recovery, it's so important to take time to focus on yourself. There are many people who make the mistake of focusing on rebuilding relationships first, more than focusing on their recovery. The following guide will walk you through boundaries you need to set to better your chances of a healthy recovery.

Set Boundaries with Unhealthy People

It's important to realize toxic relationships can greatly impact your sobriety. Many people make the mistake of thinking they only need to limit interaction with drug users. This isn't always the case, though.

There are many people in recovery who find that they need to cut certain family members and friends out of their life in order to get and stay clean. Determining who is an asset to your life and who isn't doesn't have to be hard to do.

Toxic people you need to cut out of your life will:

- Put you down instead of building you up
- Constantly bring up negative things from your past
- Encourage you to use drugs or alcohol
- Instill fear in you
- Make staying sober more difficult

If anyone does any of the things above, consider removing them from your life. If you are fearful steering clear from them will make waves in your other relationship minimize the time you spend with them until you barely see them at all.

Set Boundaries with Exposure to Temptations

Temptations won't just disappear because you are clean and sober. People in recovery often assume that they can fight off temptations with will power alone, which more than likely will not work for a long period of time.

Addiction is a disease you will have to battle for the rest of your life. It's best to remove all temptation from your life when you are first starting your recovery journey. Avoid going to bars or parties where you know drinking will take place. Have everything removed from your home while you are in recovery, so you aren't tempted to use.

If there are any kinds of prescription drugs or alcohol where you live the temptation may increase. If others in your home are required to take certain medications, kindly ask them to lock the medications in a safe or lockbox.

Set Boundaries on Stress in Your Life

One of the biggest boundaries you may need to set is on stress on your life. People often try to fill every minute of their day with activities to try and outrun their addiction. They assume that if they are very busy, they won't have time to be tempted to use. This isn't how it works.

When you try to fill every minute of your day, it's easy to become overwhelmed. For instance, failing to meet deadlines, or taking on too much work can easily send you into depression. It's best to find a few things you enjoy doing every now and then and avoid situations that are danger zones.

Set Boundaries on Risky Activities

Being in recovery can make you feel like you are on top of the world. Many people feel better than they have in years and it gives them a false sense of security. Some people try new, somewhat dangerous activities because it gives them the rush of adrenaline they used to get when they used.

While you more than likely are healthier and stronger than you were when you were in active addiction, you may not be as strong as you think. You could end up getting badly hurt which could lead to you putting your sobriety at risk. When someone suffers a painful injury, doctors often prescribe pain medications to make the pain more manageable. Many of these medications are very addictive. Taking them could cause a relapse.

Set Boundaries on Your Mental Health

Many people in recovery go through bouts of depression. Some drugs rewire your brain and make it difficult to regulate your emotions for quite some time. It's important to see a mental health professional on a regular basis to ensure you can handle your emotions in a healthy way. And have a list of names and phone numbers of other recovery men and women.

Believe it or not, there are some people in active recovery who need to take antidepressants or anti-anxiety medications to regulate their mood. A certified addiction professional can help you and be open and honest with your doctor about your addictive history.

Set Boundaries with Recovery Methods

Another huge mistake that people make when they are first trying to recover from addiction is to enroll in every recovery method they can find. This can be overwhelming and limit your ability to get the most you can out of each method. It's best to start off with one or two recovery methods at first.

Going to meetings with other people in recovery can be a great starting point. You can hear from other people who have been through the things you are going through or are about to go through. Speaking with people who understand your journey can make recovery easier.

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Boundaries are crucial during recovery. While you may be able to let your guard down eventually, setting boundaries at first is important. Talk to others in your group about boundaries they set or wish they had set to better your chances of long-term sobriety. It will take a lot of hard work and effort to get and stay sober, but once you do everything will be worth it.

Talk to Someone Who's Been There. Talk to Someone Who Can Help. Scottsdale Recovery Center holds the highest accreditation (Joint Commission) and is Arizona's premier rehab facility since 2007. Call 866-523-7634.



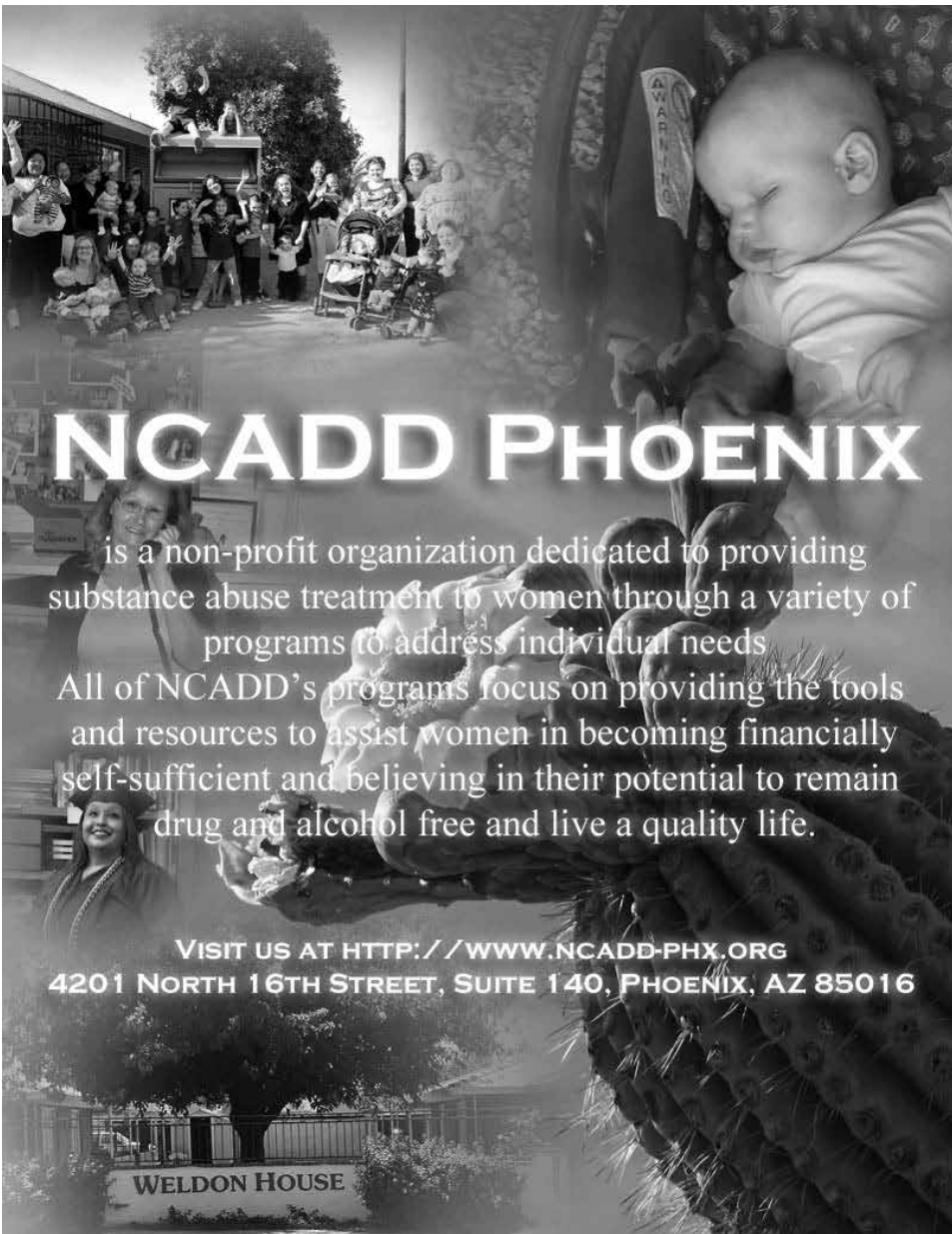
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WELDON HOUSE

Honest Reasons Why Addicts Lie

By David Sack, M.D.

Addicts tell lies more often than they tell the truth. “I’m not hurting anyone.” “I can stop any time.” Deception becomes so second nature, addicts will lie even when it’s just as easy to tell the truth. Many don’t even realize they’re fibbing or that other people see through the façade. Living a double life is exhausting, so why do addicts lie?

To Preserve Their Addiction

An addict will do whatever is necessary to maintain their addiction. If they acknowledged the seriousness of the problem or the harm they’re causing themselves and others, they would be hard-pressed to continue this way of life. Their logic, whether conscious or unconscious, is: I need drugs, and I need lies to keep people off my back so I can continue using drugs. Thus, lying becomes a matter of self-preservation. Anything, or anyone, that is going to hinder their drug habit has no place in the addict’s life.

To Avoid Facing Reality

Addiction reorganizes the addict’s world and consumes their identity so that the person becomes unrecognizable to themselves and others. Since the truth is too painful to face, the addict constructs an alternate reality where drugs and alcohol aren’t a problem and the addict is doing exactly what other people want and hope for them. They say they’ve been clean for weeks when, in truth, they got high just a few hours ago. They say they landed a great new job when they’re actually dirt poor and homeless.

To Avoid Confrontation


Loved ones rarely sit idly by as an addict self-destructs. They ask questions, get angry and inevitably wonder, “If you love me, why do you keep making choices that hurt me?” The stress of interpersonal conflict can be overwhelming for an addict. Without mature coping skills, addicts may do or say whatever it takes to avoid that disappointed look in their loved ones’ eyes or the contemptuous tone in their voice. Or they may become increasingly defensive, dishing out complaints of their own in an attempt to draw attention away from their addiction and toward the other person’s vulnerabilities.

They Are in Denial

Even in the face of overwhelming evidence to the contrary, denial compels the addict to disavow their problem and ignore the consequences of their behavior. Although denial can serve a valuable protective function, allowing people to process information and come to terms with it, in addiction denial can become pervasive. For example, addicts may truly believe that their fam-

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ily and friends have become the enemy or that their addiction is not only an acceptable but necessary part of their life. The disease uses denial and other sophisticated defenses, such as rationalization, projection and intellectualization, to ensure its survival.

They Believe They’re Different

If the addict acknowledges that drugs and alcohol have become a problem but wants to continue using, they must convince themselves that they are the exception to the rule. The delusion that “I’m not like the others, I can handle it” allows the addict to live outside normal standards of behavior.

They Feel Ashamed

In sober moments, addicts may feel extreme shame, embarrassment and regret. Unable to work through these emotions, addicts cope in the only way they know how: by using more drugs. To keep up appearances, they paint a picture of themselves to others that is far more flattering than the reality.

Because They Can

Sometimes friends and family match the addict’s denial with an unhealthy dose of their own. They turn a blind eye to worrisome behaviors and make excuses for the addict because the truth is simply too painful or they’ve tolerated as much suffering as they can bear. Loved ones who ignore, enable or rescue send the message that lying is acceptable, thus perpetuating the addiction.

No More Lies

Lies are a root cause of the isolation most addicts experience, as well as the anger and disillusionment loved ones often feel. While loved ones can’t force an addict out of denial, there are steps they can take to illuminate the realities:

Recognize that lies fulfill a purpose for the addict and are not a personal affront. As frustrating as they can be, lies are a common part of the disease.

While it is important to understand the purpose of the lies, it is equally important to push past them. The lies are keeping your loved one trapped in addiction. In some cases, addicts are forced to face reality by hitting rock bottom, but loved ones can help “raise the bottom” by staging an intervention, refusing to enable or rescue, contacting a therapist or addiction treatment program, and pointing out negative consequences in real time (e.g., after a driving under the influence charge).

If you catch the addict in a lie, don’t look the other way. Letting them know what you see will help them face the consequences of their actions.

Create a supportive environment that facilitates honesty rather than engaging in a power struggle or making threats. The lying will stop when the addict feels safe telling the truth and has the support they need to get well.

Encourage involvement in support groups like Alcoholics Anonymous, which replace the automatic response – lies – with rigorous honesty and making amends. In these groups, peers hold addicts accountable for their lies and encourage them to face the unpleasant truth about themselves without shame or blame.

It’s true, addicts lie. And while the lies can’t be ignored, they are actually a distraction from the real problem – the underlying issues that contribute to addiction – and a diversion from the solution: finding a path to recovery. Only by breaking through denial and seeing the truth can the addict begin to heal.

Dr. David Sack is board certified in psychiatry, addiction psychiatry, and addiction medicine. (Source: PsychCentral)

Events & Support Groups



AUG. 9-11 — 30th Annual Salt River Intergroup Summer Roundup. Double-Tree Resort, Scottsdale. www.sriroundup.org to register.

Rising Phoenix Wellness Services—MARA (Medication-Assisted Recovery Anonymous) group. Tues 5:30-6:30 pm, 7807 E. Greenway Rd. Suite #5, Scottsdale, **480-427-2290**

LGBTQ - IOP Program. Specialty program designed to meet the mental health and substance abuse, treatment needs of the LGBTQ+ population. Mon., Tues., Thurs. 6:00-9:00 p.m. Transportation available. **602-952-3939/602-952-3907.** Valley Hospital, 3550 E. Pinchot Ave. Phoenix. valleyhospital-phoenix.com

DOORWAYS—Outpatient mental health treatment center providing individual counseling and psychiatric services for teens, young adults ages 13-25 and their families. Groups provided exclusively for 13-18 year old's - Skills groups (DBT 101 and De-Stress) 1x per week, along with 4 Intensive Outpatient Programs (IOP's) 3x per week - Anxiety IOP, DBT IOP, Eating Disorder IOP and Substance Use IOP. **602.997.2880** or info@doorwaysarizona.com.

SIERRA TUCSON— Alumni Group. Scottsdale, Tues., 6:00- 7:00 p.m. Valley Presbyterian Church. 6947 E. Mc-Donald Drive, Paradise Valley. 480-991-4267. Counseling Center (Parlor Room). Rob L. **602-339-4244/** stscottsdalealumni@gmail.com.

SIERRA TUCSON—Continuing Care Groups—Phoenix. Thurs. —Resident Alumni. PCS, 3302 N. Miller, Scottsdale. 5:30—7:00 p.m. email: Courtney.Martinez@SierraTucson.com.

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

HEALTHY INTIMACY GROUP— Tucson—Explore intimacy issues and help heal relationship and intimacy wounds. Desert Star Addiction Recovery Center. 520-638-6000.

TUCSON SLAA—Sex and Love Addicts Anonymous (S.L.A.A.) University Medical Center - Dining Room "E" - Sunday 10:00am Step Meeting, St. Phillip's Church - La Parroquia - Mesquite Room Monday 6:00pm Book/The Journal Meeting, Streams in the Desert Lutheran Church - 5360 E Pima St. (West of Craycroft, South side of Pima) Meeting Room A, Wednesday 6:30pm Women's Meeting, St. Phillip's Church La Parroquia - Mesquite Wednesday 7:00pm Men's Meeting, Our Savior's Lutheran Church - East Activity Building, enter from north parking lot off Mabel St. Friday 6:00pm Discussion Meeting. Call **520-261-SLAA(7522)** Email tucsonslaa@gmail.com. www.tucsonslaa.org

PAL (Parents of Addicted Loved Ones) Phoenix -Teen Challenge, 1515 Grand

Ave, Phoenix, Thurs. 6:30-8p.m. 480-745-6978 or weeksfamily7@gmail.com. Scottsdale, Soul Surgery Addiction & Medical Center, 14362 N. Frank Lloyd Wright Blvd., Suite B113, Scottsdale. Mondays 6:00—7:30 p.m., Rebecca 480-458-8080 /ra@reagan.com

VALLEY HOSPITAL—IOP for Chemical Dependency/Co-Occuring. Mon., Tues., Thurs. 6:00-9:00 p.m. **602-952-3939**. 3550 E. Pinchot Ave., Phoenix. valley-hospital-phoenix.com

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

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

NICOTINE ANONYMOUS—Phoenix Sat., 5-6:00 p.m. Our Saviour's Lutheran Church, 1212 E. Glendale Ave., Glendale, Sun., 9:15-10:15 a.m. Fellowship Hall, 8910 N. 43rd Ave. 480-990-3860 or www.nicotine-anonymous.org

CHRONIC PAIN SUFFERERS —"Harvesting Support for Chronic Pain," 3rd Sat. of month, 12-1:00 p.m. Harvest of Tempe, 710 W. Elliot Rd., Suite 103, Tempe. 480-246-7029.

Jewish Alcoholics, Addicts, Families, Friends. 1st / 3rd Wed., 7:30 p.m. Ina Levine Jewish Community Campus, 2nd floor. 12701 N. Scottsdale Rd. **602-971-1234 ext. 280**.

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


LIVING GRACE SUPPORT GROUP—Christ centered approach for individuals and families affected by mental illness. Oasis Community Church, 15014 N. 56th St. Scottsdale. 602-494-9557. 2nd & 4th Tuesday 6-8 p.m.

WOMEN for SOBRIETY —womenforsobriety.org. Sat. 10-11:30 a.m. All Saints of the Desert Episcopal Church-9502 W. Hutton Drive. Sun City. Christy 602-316-5136.

CO-ANON FAMILY SUPPORT—Message of hope and personal recovery to family and friends of someone who is addicted to cocaine or other substances. "Off the Roller Coaster" Thurs., 6:30-7:45 p.m., 2121 S. Rural Rd., Tempe. Our Lady of Mount Carmel Church. Donna 602-697-9550 /Maggie 480-567-8002.

ACOA Thurs., 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale.www.aca.arizona.org

ACA. Tucson. Wed. 5:30-7:00 p.m. Streams In the Desert Church 5360 E. Pima Street. West of Craycroft, Tucson.



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OA—12 Step program for addictions to food, food behaviors. 520-733-0880 or www.oasouthernaz.org.

PILLS ANONYMOUS—Glendale, Tues. 7-8:00 pm. HealthSouth Rehab 13460 N. 67th Ave. Rosalie 602-540-2540. Mesa Tues. 7-8:00 pm, St. Matthew United Methodist Church. 2540 W. Baseline. B-14. Jim, 480-813-3406. Meggan 480-603-8892. Scottsdale, Wed. 5:30-6:30 pm, N. Scottsdale Fellowship, 10427 N. Scottsdale Rd., Rm 3. Tom N. 602-290-0998. Phoenix, Thurs. 7-8:00 pm. First Mennonite Church 1612 W. Northern. Marc 623-217-9495, Pam 602-944-0834, Janice 602-909-8937.

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

SAA — www.saa-phoenix.org 602-735-1681 or 520-745-0775.

Valley Hope Alumni Support. Thursdays 6-7:00 p.m., 2115 E. Southern Ave. Phoenix. Tues. 8-9:00 p.m., 3233 W. Peoria Ave. Ste. 203, Open.

SPECIAL NEEDS —AA Meetings. Cynthia SN/AC Coordinator 480-946-1384, E: Mike at mphaes@mac.com

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

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

EATING DISORDER SUPPORT GROUPS— PHX— Monday 7:00 p.m. 2927 E. Campbell Dr. Ste. 104, (Mt. View Christian Church). Jen (602) 316-7799 or edaphoenix@gmail.com. Wed. 7:00 p.m. Liberation Center, 650 N. 6th Ave, Phoenix. (cross street McKinley). Jennifer (602) 316-7799. Tempe—Thursday 6:30 p.m. Big Book/5:30 - 6:30 p.m. Steps to the Solution. Mountain View Retirement Village, 7900 N. La Canada Drive, Tucson. leeverholly@gmail.com. Thurs. 5:30 - 6:30 p.m. EDA Big Book Step Study. Mountain View Retirement Village, 7900 N. La Canada Drive, Tucson. (203) 592-7742 /leeverholly@gmail.com. Wickenburg—Wed. 7:15 p.m. and Sunday 7:45 p.m. (N,D/SP,O,) Capri PHP program. (928) 684-9594 or (800) 845-2211. Yuma—Wed. @ 5:00 - 6:00 p.m. 3970 W. 24th St. Ste. 206 Yuma. Alyssa (928) 920-0008 or email 2014yumae.d.a@gmail.com.

CRYSTAL METH ANONYMOUS www.cmaaz.org or 602-235-0955. Tues. and Thurs. Stepping Stone Place, 1311 N. 14th St. Phoenix.

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

AA,NA,CA,CMA,ACA, ALANON - Would you like to start a meeting? The Northwest Alano Club would like to help. **Free rent and coffee for the first 4 meetings!** 3120 W. Curtis Rd. Tucson (520) 293-2929

SEND EVENT OR SUPPORT GROUP INFO : barb@togetheraz.com
Deadline 20th of month prior to printing.

Together AZ

Resources & Helplines

TOGETHER AZ	602-684-1136	Valley Hospital	602-952-3939	If you or a loved one are facing a crisis, we encourage you to call for professional guidance. Every moment counts.
A Better Today	888-906-0952	VIVRE	480- 389-4779	
Acceptance Recovery Ctr	844-302-0440			
ACT Counseling	602-569-4328	Therapists/Interventionists		
Arizona Addiction	602-737-1619	Dr. Marlo Archer	480-705-5007	
AZ Center for Change	602-253-8488	Dr. Janice Blair	602-460-5464	
AZ. Dept. of Health	602-364-2086	Carey Davidson	928-308-0831	
Arizona Addiction Recovery	888-512-1705	Dr. Dina Evan	602-997-1200	
AZ. Div. Problem Gambling		Dr. Dan Glick	480-614-5622	
	800-NEXTSTEP	Bobbe McGinley	602-569-4328	
Aurora Behavioral Health	877-870-7012	Julian Pickens, EdD, LISAC	480-491-1554	
AzRHA	602-421-8066	Stewart Counseling Services	602-316-3197	
Building Blocks	602-626-8112			
Calvary Healing Center	866-76-SOBER	Legal Services		
CBI, Inc.	480-831-7566	Dwane Cates	480-905-3117	
CBI, Inc. Access to Care	877-931-9142	Real Estate		
Chandler Valley Hope	480-899-3335	Scott Troyanos	602-376-6086	
Choices Network	602-222-9444			
Continuum Recovery Ctr.	877-893-896	TUCSON		
Cohn Media	877-640-6529	ACA	aca-arizona.org	
Cornerstone Healing Center	480-653-8618	Alcoholics Anonymous	520-624-4183	
Cottonwood Tucson	800-877-4520	Al-Anon	520-323-2229	
Crisis Response Network	602-222-9444	Anger Management	520-887-7079	
The Crossroads	602-279-2585	Behavioral Awareness Center	520 629 9126	
First Step	866-832-6398	Center For Life Skills Development		
Fit FOUR Recovery	480) 828-7867		520-229-6220	
Gifts Anon	480-483-6006	Co-Anon Family Groups	520-513-5028	
Governor's Office of Youth, Faith & Family		Cocaine Anonymous	520-326-2211	
	602-542-4043	Cottonwood Tucson	800-877-4520	
Hunkapi Programs	480- 393-0870	Crisis Intervention	520-323-9373	
Lafrontera -EMPACT	800-273-8255	Desert Star	520-638-6000	
The Meadows	800-632-3697	The Mark Youth & Family Care Campus		
Meadows Ranch	866-390-5100		520-326-6182	
Mercy Care	602-222-9444 /800-631-1314	Narcotics Anonymous	520-881-8381	
NCADD	602-264-6214	Nicotine Anonymous	520-299-7057	
PITCH 4 KIDZ	480-607-4472	Overeaters Anonymous	520-733-0880	
Psychological Counseling Services (PCS)		Sex/Love Addicts Anonymous		
	480-947-5739		520-792-6450	
Recovery in Motion Treatment Center		Sex Addicts Anonymous	520-745-0775	
	520-975-2141	Sierra Tucson	800-842-4487	
Rio Retreat Center	800-244-4949	Sonora Behavioral Health	520-829-1012	
River Source	480-827-0322	Starlight Recovery Housing	520-448-3272	
Scottsdale Providence Recovery Center		Suicide Prevention	520-323-9372	
	480-532-4208	Men's Teen Challenge	520-792-1790	
Scottsdale Recovery Ctr	888-663.7847	Turn Your Life Around	520-887-2643	
Sober Living AZ	602-737-2458	Workaholics Anonymous	520-403-3559	
Teen Challenge of AZ	800-346-7859			
TERROS	602-685-6000			

Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
Adult Children of Alcoholics	aca-arizona.org
Arizona Addiction	602-737-1619
Bipolar Wellness	602-274-0068
Child Abuse Hotline – Support & Information	800-422-4453
Cocaine Anonymous	602-279-3838
Co-Anon	602-697-9550
CoDA	602-277-7991
COSA	480-385-8454
Crisis Help Line – For Any Kind of Crisis	800-233-4357
Crisis Text Line	Text HOME to 741741
Crystal Meth Anonymous	602-235-0955
Debtors Anonymous	(800) 421-2383
Domestic Violence	800-799-SAFE
Families Anonymous	602-647-5800
Gamblers Anonymous	602-266-9784
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Marijuana Anonymous	800-766-6779
NDMDA Depression Hotline – Support Group	800-826-3632
Narcotics Anonymous/Phoenix	480-897-4636
Narcotics Anonymous/Casa Grande	520-426-0121
Narcotics Anonymous/Flagstaff	928-255-4655
Narcotics Anonymous/Prescott	928-458-7488
Narcotics Anonymous/Tucson	520-881-8381
Nar-Anon Family Groups	(800) 477-6291
National Youth Crisis Hotline	800-448-4663
NCADD	602-264-6214
Overeaters Anonymous	602-234-1195
PAL (Parents of Addicted Loved Ones)	480-300-4712
Parents Anonymous	602-248-0428
Phoenix Metro SAA	602-735-1681
RAINN (Rape, Abuse, Incest National Network)	RAINN.ORG
Rape Hotline (CASA)	602-241-9010
Sexaholics Anonymous	602-439-3000
Sexual Assault Hotline (24/7, English & Spanish)	800-223-5001
Sex/Love Addicts	602-337-7117
Sex/Love Addicts	520-792-6450
Sex Addicts Anonymous	602-735-1681
S-ANON	480-545-0520
Sober Living AZ	602-737-2458
Suicide Hotline	800-254-HELP
US Suicide Prevention Lifeline	800-273-8255





FREE HELP AND ASSISTANCE TO ANYONE SUFFERING FROM ADDICTION.

Addiction Helpline with Honest and Experienced Representatives, Who Are in Recovery Themselves. Helping You or a Loved One Get The Help You Deserve.

602-737-1619



How to Talk to Your Kids about Gambling

Teach, Model, Listen

- Let them know gambling isn't a way to make easy money. "Professional poker player" is about as likely as a career as an NFL player.
- Teach them about odds.
- Teach them the serious consequences of problem gambling.
- Look for a time to bring up the topic naturally. Bring it up when running across a poker show on TV, or finding out that a friend or family member has won or lost money gambling.
- When you talk to your kids about drugs or alcohol, include problem gambling in "the conversation."
- Convey to your kids the role of gambling in your own life. If you choose to gamble, make sure it is from a conscious, informed position. Share the guidelines you observe when you gamble
- Ask questions and listen.
- Be patient.

Don't know what to say or how to say it?

- Visit the Parent, the Anti-Drug's website for practical, ready-to-use tips on talking with your teen: www.theantidrug.com/ei/conversations.asp
- For free confidential information and referral regarding a gambling problem, call **1.800.NEXT.STEP** (1.800.639.8783) or www.problemgambling.az.gov



**Teen Challenge is Arizona's Faith-Based
SOLUTION TO THE DRUG EPIDEMIC**


With heroin addiction at epidemic proportions and drug abuse at an all time high,
Teen Challenge is seeing results with an 86% success rate!

We can help!

www.tcaz.org

PHOENIX TEEN CHALLENGE (Male 18+) 602-271-4084	HOME OF HOPE (Female 18+) Women or Women with Children Casa Grande, Arizona 520-836-5630	SPRINGBOARD Home for Adolescent Girls (Female 12-17) Tucson, Arizona 520-867-8773	PREVENTION  Stay Sharp THINK ABOUT IT® To schedule a Drug Prevention Presentation for your group or school, contact the Public Relations office at 602-271-4084
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I HAVE [Set a Limit] POWER

Problem gambling is now recognized as a public health concern. Rates have nearly doubled in the past decade alone, with problem gambling growing fastest among young men. Being more likely to take risks and possessing lower impulse control, men are particularly vulnerable to becoming a problem gambler. If you feel you may be at risk—or know someone who is—please reach out.

HELP IS HERE 24/7

 Text **NEXTSTEP** to 53342
1-800-NEXT-STEP nextstep.az.gov

ADG | Arizona Department of Gaming
Problem Gambling



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Life Worth Living!*

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DETOX, RTC, PHP AND MAT