

# Together AZ

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OCTOBER 2021

## Testosterone: The Next Drug Epidemic?

By Lisa Marie Shaughnessy

Testosterone is a sex hormone. It makes a man a man and gives both men and women their sex drive. Over the past few years, however, the increased hype around testosterone and the treatment commonly known as “Low T” has wreaked havoc with many patients who didn’t know what they were getting into.

More and more physicians are prescribing testosterone to their patients with the intention of giving them back their zest for life. As a result, a new addiction has emerged: addiction to testosterone.

### What is Testosterone?

Testosterone is an anabolic androgenic steroid hormone. Men produce testosterone through the testes and adrenal glands. Women produce testosterone in the ovaries and adrenal glands.

There are two kinds of testosterone: Endogenous—your body produces it, and Exogenous—testosterone that enters your body from an outside source. The outside sources can be Synthetic Testosterone or Bio-Identical Testosterone and administered through pellets, injections, creams, oral, patches and gels.

### What are the benefits and pitfalls?

Hormone clinics promote the benefits of increased sex drive, building muscle mass, more energy, improved mood, cognition, bone density, and red blood cell production.

#### *However, the pitfalls include:*

- Roid rage, irritability, acne, hair loss with women, facial hair growth with women, heart attack, stroke, anxiety, mania, hyper sexual, enlarged clitoris, insulin resistance in women.

On October 25, 2016, the FDA issued a statement giving approval for “class-wide labeling changes for all prescription testosterone products, adding a new warning and updating the *Abuse and Dependence section* to include new safety information from published literature and case reports regarding the risks associated with abuse and dependence of testosterone and other AAS.”

In November, 2017, Dr. Kirk J. Brower and Dr. Richard J. Auchus wrote an editorial in the *Journal of the American Medical Association*, “The Public Health Consequences of Performance Enhancing Substances, Who Bears Responsibility.” They state that performance enhancing substances have been a global health problem for several decades.

Like the opioid epidemic, which includes illicit and prescription opioids, waiting backstage are the illicit and prescription performance substances. The prescription performance enhancing substance I focus on is Testosterone.

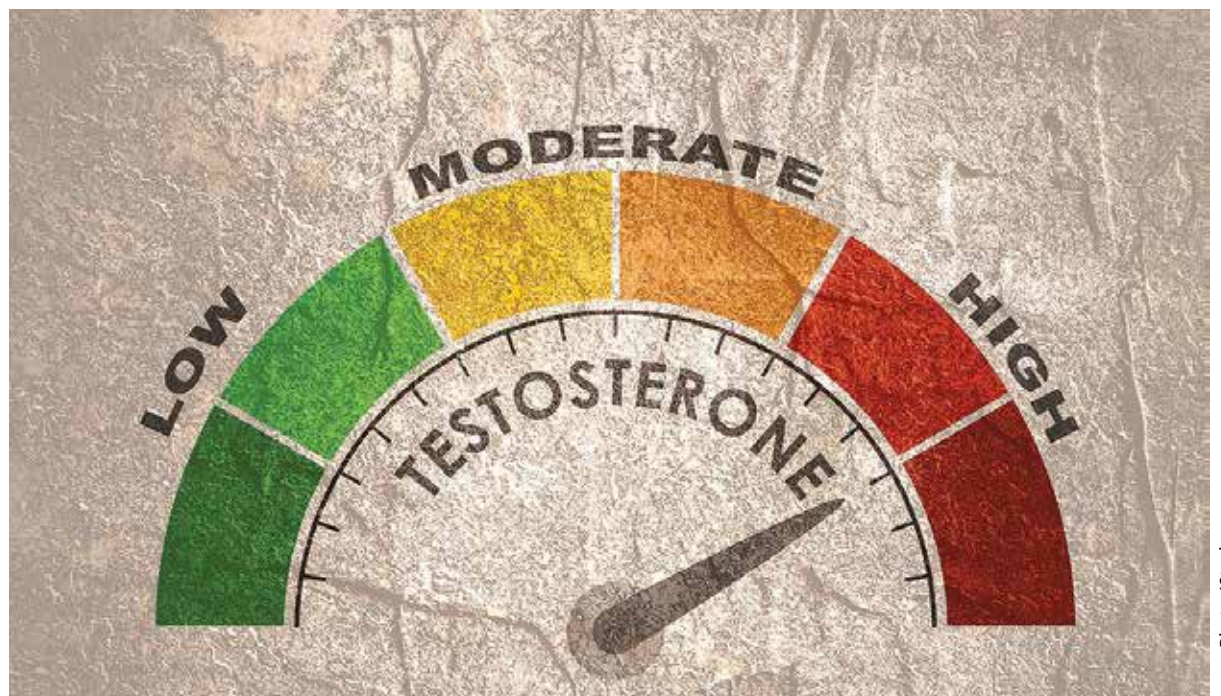


Photo: iStock.com

What I found fascinating about this editorial is they encourage physicians to change their prescribing practices, because more and more men and women have been overprescribed Testosterone Replacement Therapy. It is now the talk of all the parties and used as a recreational drug.

What most don’t know is Testosterone is not approved by the FDA for women and only approved for men who have the legitimate diagnosis of hypogonadism.

For over five years I’ve been doing presentations to therapists, first responders, and others sharing the expertise of Dr. Thomas Perls who wrote an article for *Today’s Geriatric Medicine*, Pseudohypogonadism – Making Men Believe They Need Testosterone. Low T is a classic case of disease mongering

### The definition is two parts:

The invention of a new syndrome or disease or changing the definition of a current disease so more people can be potential targets for drug sales, and the widespread marketing of drug and/or services for treating the newly defined disease.

Men are targeted with the Low T ads that asks, “Are you tired, lost your libido?”

That is “pseudohypogonadism,” prescribing testosterone and not addressing the underlying cause.

**The result:** Profit. Windfall-testosterone sales went from \$324 million in 2002 to \$2 billion in 2012 and the number of prescribed testosterone doses increase from \$100 million in 2007 to \$500 million in 2012 and are projected to be \$5 billion this year alone. This does not include the sales from compounding pharmacies, the internet and direct to patient sales.

Perls calls “pseudohypogonadism” prescribing

**“Over the past few years, the increased hype around testosterone and the treatment commonly known as “Low T” has wreaked havoc with many patients who didn’t know what they were getting into.”**

testosterone and not addressing the underlying cause that includes, poor diet, sleep apnea, lack of exercise, drinking alcohol and stress.

A study by Australian Scientist, David Handelsmans showed healthy men who are aging show no decline in testosterone, and testosterone deficiency is the cause of diseases of their pituitary or testes and they do not need testosterone.

### Testosterone is a Business

This is important to remember. If you’re going to a “hormone clinic” they are going to sell you hormones. That’s the business they’re in. Testosterone is an anabolic androgenic steroid hormone.

The most frightening thing about disease mongering is that almost eight billion people live on the planet and an estimated 3.2 billion have internet access. Easy marketing has also raised concerns about illegal drug dealers.

TESTOSTERONE *cont. page 6*



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# Publisher's Note

By Barbara Nicholson-Brown  
barb@togetheraz.com



**Hope** is one of my favorite words. It reminds me to believe and trust something way greater than myself has the divine plan, and without it I would be doomed.

When I was active in addiction, hope meant nothing more than “hoping to get out of a jam; I hope to get away with the lies; hope I don’t get caught; hope no one saw me in such a state of oblivion; hope I don’t lose my job and so on.” For all the hoping I did — my life was dark and shadowy. From losing any type of connection to my friends and family, employment, or a place to live... everyone was simply tired of my empty promises to change and simply lost hope with me.

Why some of us make it in recovery and why others don’t is a harsh reality. Being shackled to the bottle, drugs or any other addiction are tough chains to break — but it can be done.

At the start of my journey, the most I could hope for was a glimmer, a sliver of something better. I was offered hope by people who were on the path ahead of me, and I started to believe and trust them. Being clean and sober was uncharted territory, I was scared. Maybe hope was growing within, micro-inch by micro-inch.

Like any human being; many things I’ve hoped for did not turn out ‘my’ way. There have been major losses and changes, pain, tears and quite a few ‘WTF’s’?

I am still learning it’s up to me how I approach the challenges, it’s up to me to share my story and reality, it’s up to me to ask for help whenever I get lost or stuck. It’s up to me to never give up hope.

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By Dina Evan, PhD

I haven't lived forever, however at my age, and at this time in our history, it sometimes feels that way. Even so, I don't believe we have ever faced more challenging times than these, and nor do I believe we ever will again in the future. These are times that call for extraordinary courage and compassion because everywhere you look there is challenge, heartache and pain.

For instance, my dear friend Stephanie just had her long awaited first child five months ago and last week she got a shocking diagnosis of stage four cancer.

We sit together and explore what this holy moment is here to teach us. She cries softly and I remind her and myself **to breathe**.

It's same nauseating feeling that caught my breath away watching as soldiers in lock step unload thirteen caskets off a plane — thirteen precious warriors killed only one day before coming home from Afghanistan. The same feeling when I listened as the newscaster who said our hospitals cannot take any critical patients because they are filled and

**“We have to let the suffering out on every next exhale to make room for whatever is life affirming.”**

over flowing with children who caught Covid from the unvaccinated adults in their lives who believed the lies rather than the science.

So what are these horrific times that push our souls forward, here to teach us?

**FIRST...** to breathe even when it feels as if life is taking our breath away. We have to let the suffering out on every next exhale to make room for whatever is life affirming, and there is so much of that as well.

For instance, the laughter of children and grandchildren, the love of partners who find each other, the wheelchair that takes the healed patient to his or her car, the hope we cling to

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and empower that those of us who know this will someday pass, cling to so tightly. Add to that, the joy that comes from watching demonstrators who respectfully gather to demonstrate and speak up and out for us, for equality for everyone, every gender, every life choice and every human being.

We are also being taught to stay in the moment and stop the fear that pushes us toward future scaping out and away from the feelings. These are the feelings that empower our humanity and compassion. They light up our courage and ask us to dig deep and find the very best of who we are. They ask us to stop looking outward and begin looking inside to discover our courage, our values and our integrity. They make us ask question we have been too asleep to ask. They make us give answers we once thought were not important but now see are lifesaving. They help us realize that the color of our blood and the nature of our challenges are the same color and kind as the person sitting next to us whose skin color may be different than ours.

These times teach us that our fears and feelings are normal and not to be judged. They are human and reasonable, and deserve understanding, acceptance and compassion both for ourselves and each other.

These are the trials and times that reflect back to us our courage and our inner strength. They ask more of us and they call forth the kind of fortitude that we seldom exercise. Without these

challenges we could never know how truly strong and compassionate we are.

Most of all they ask us to stand up and speak up with the solutions that are motivated by what love would do, not what separation chooses.

### We are not helpless in these times

No, instead, we are called to honor our deepest values, our deepest love for our country, the world and each other.

We are called to act, to trust and to believe that all things are possible.

We are asked to come home to our spiritual, conscious selves, and be who we came here to be and do what we came here to do.

And so lets begin, and if you feel motivated and have the ability and desire to make a difference where we can, please also make a contribution to my friend Stephanie's GoFundMe page so she can get the treatment she needs to live a long life and be here for her precious baby girl at

<https://gofund.me/cf2437ce> and say a little prayer for her and all of us and then relax and ...just breathe.



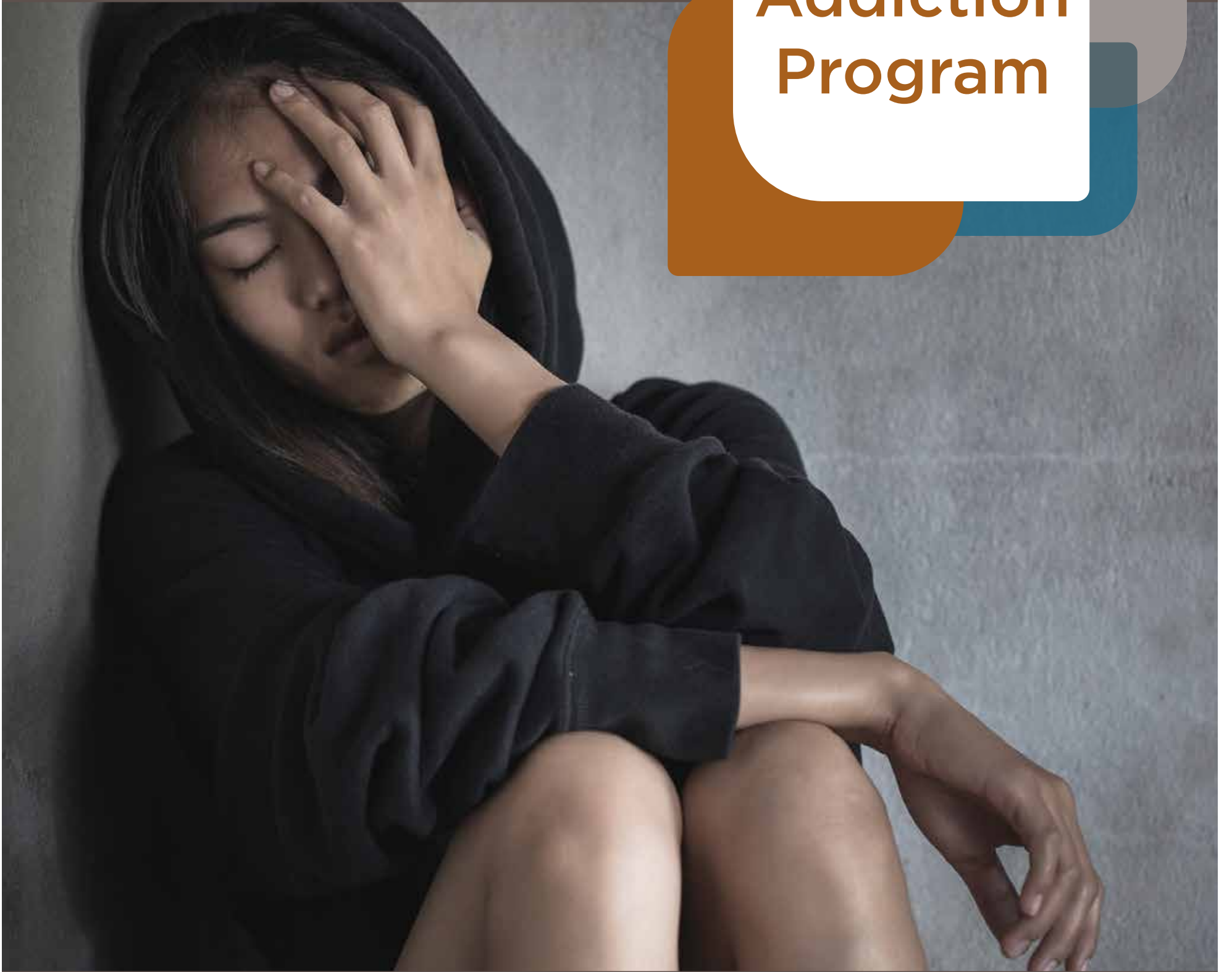
*Dr. Evan is a marriage, family, child therapist and consciousness counselor. She has presented nationwide seminars and workshops, written several books and created meditation CDs for couples, individual and mental health professionals. She has also won national acclaim as a human rights advocate. Visit [drdinaevan.com](http://drdinaevan.com) or call 602-571-8228.*





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TESTOSTERONE— *from page 1*

**Read these headlines carefully.** They are a portent of what is becoming the next drug epidemic. “Global Testosterone Replacement Therapy Market 2019 to See Worldwide Massive Growth.” For a few thousand dollars prospective investors can get a full report outlining the market that “you, too, can get in on.” The lack of education globally could raise a generation of very sick, drug dependent people. The report outlines the market, the trends and all the “expert” data you need to target “North America, Europe, Asia Pacific, Latin America, Middle East and Africa.”

Another press release by Marketwatch April 2019 beckons: “The Testosterone Replacement Therapy market stands tall as one of the most proactive industry verticals. . . to accrue substantial proceeds . . . fuel the industry trends. . . in tandem with myriad other dynamics pertaining to the Testosterone Replacement Therapy market. . . growth opportunities . . .”

This mass marketing sounds like legal drug dealing to me.

In the 1987 film, *Wall Street*, Michael Douglas as Gordon Gekko delivers a monologue in which he declares, “Greed, for lack of a better word, is good. Greed is right. Greed works.”

Think of that, and then ask yourself how testosterone sales could leap in the same way that opioid sales did prior to that epidemic? This is a case where greed, posing as the entrepreneurial spirit, got ahead of science. At some point, it has to stop because it’s costing people their lives.

Androgen administration

An androgen (from Greek andr-, the stem of the word meaning “man”) is any natural or synthetic steroid hormone that regulates the development and maintenance of male characteristics in vertebrates by binding to androgen receptors. Androgens are synthesized in the testes, the ovaries, and the adrenal glands.

Dr. Jan Shifren, associate professor of obstetrics, gynecology and reproductive biology at Harvard Medical School wrote in Harvard Women’s Health Watch, “We cannot say that testosterone is safe long-term in women. There is no point to women getting tested for low testosterone, say our experts. Because all post-menopausal women normally have low testosterone, there is no clear cutoff for a true deficiency. Also, it is rare for low testosterone to be the cause of sexual difficulties. Checking testosterone levels will not help determine the cause of your sexual problems.”

In 2014, I created an online survey; Make no mistake, this is not a “scientific

research study.” It is not a double blind study, nor peer reviewed. It is an online research survey I created to gain insight into those who are using testosterone and the spouses of those using testosterone.

There were 147 survey respondents, 46.15% were men, 50.35% were female and 3.5% transgender. The majority of those who took the survey were 45-54 years of age with 35-44 next at 26.21%.

- 55.94% of those respondents are currently using testosterone replacement and 30.07% said their spouse is using testosterone replacement therapy and 9.79% are no longer using testosterone. Injections were the leading form of administration with 57.58%. The reason for choosing testosterone replacement therapy was because their doctor told them they had low T at 43.85%.
- 50% of the respondents experienced hypersexual symptoms and 50% of the respondents experienced manic symptoms.

Seventeen respondents made it clear they had not experienced any side effects and it has had a positive impact on their lives.

In 2014, I declared that Testosterone was the New Drug Addiction. The American Society of Addiction Medicine defines addiction as:

*“A primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”*

Society for Neuroscience says, “Testosterone may be addictive.”

The United States Drug Enforcement Administration has designated testosterone as a Schedule III controlled substance. This means, “The drug has a currently accepted medical use in treatment in the United States. Abuse of the drug may lead to moderate or low physical dependence or high psychological dependence.”

**Iatrogenic Addiction and Death by Prescription**

Iatrogenic disease is the “third most fatal disease in the US, after deaths from heart disease and cancer,” according to a report by Ronald Grisanti and Dr. Starfield in JAMA. Eugene O’Neill’s 1956 play, *“Long Day’s Journey into Night”* portrays legal, continuous overprescribed morphine, causing addiction and madness in Mary Tyrone. The conclusion by her son describes the tragedy:

“It should never have gotten hold of her! I know damn well she’s not to blame! And I know who is! You are! Your damned stinginess! If you’d spent money for a decent doctor when she was so sick after I was born, she’d never have known morphine existed! Instead, you put her in the hands of a hotel quack who wouldn’t admit his ignorance and took the easiest way out, not giving a damn what happened to her afterwards! All because his fee was cheap! Another one of your bargains!”

“You must try to see my side of it too, lad. How was I to know he was that kind of doctor? He had a good reputation.”

On the morning of September 30, 2012, a man, whom I will call Henry, age 65, walked out in his backyard, put a gun in his mouth and pulled the trigger. His widow found my website and posted this:

“He took testosterone injections for two years, and before long his sex drive was off the charts,” she wrote. “I told him he needed to have his testosterone checked because he had begun acting like a 20 year old.”

When his widow checked Henry’s medical records, she discovered his testosterone had not been checked in July or September. Henry’s autopsy findings revealed he had been overprescribed testosterone and that his testosterone-to-estrogen ratio was way out of balance. The first test revealed a 75:1 ratio and a second test 45:1. A normal ratio for males is 6:1. “I will never understand how this became so out of whack to cause him to take his own life,” she wrote, adding that he had become a “different person” after starting testosterone therapy.”

**Today’s question is....**

“How all of a sudden does everyone need testosterone replacement therapy? How has TRT has become fashionable and legal?” Once again people today who have been legally prescribed testosterone have to ask, “How was I to know? . . . He had a good reputation.”

David F. Musto, MD, Professor of Psychiatry and the History of Medicine, Yale School of Medicine presented a paper on iatrogenic addiction in 1981. He said, “We deal with a profession which for centuries routinely inflicted grievous



bodily harm without qualm.” And despite the Hippocratic Oath, “First, do no harm.” Musto said doctor prescribed addiction is “common in the history of medicine.”

Today, the American Medical Association continues to warn against testosterone and hormone clinics that are “growing at alarming rates.” There are already reports on the fact that a multitude of doctors from all medical professions are becoming so-called “experts on anti-aging.” And if you ask them why they switched practices, their honest answer can only be, they are “doing it for the money.”

There are arguments for and against testosterone replacement therapy. For the consumer, you need to exercise your intuition, critical thinking skills and ask yourself, is this really what I want to do knowing it can suppress my natural production of testosterone and I will have to be on it for the rest of my life?

I have spent the last eight years researching and writing a book titled, *Testosterone the Next Drug Epidemic*. You can find it on [Amazon.com](#)

**Why did I write this book?**

It was Divine intervention. I felt compelled to tell my story, become a sounding board for those who had similar experiences and to be a part of the solution in overcoming what threatens to become the next drug epidemic.

Think back to when you were going through puberty. What were you feeling? What were you thinking? Were you uncomfortable with your body? Midlife is another form of puberty. The only difference is you’ve got 30 years’ worth of experiences. It’s a time to reconcile those experiences, expand who you are, give back to the world your knowledge and expertise. Low testosterone is not your problem. It’s not going to solve what is lacking in our life.

As the philosopher, Joseph Campbell says, “You must let go of the life you had planned in order to welcome the life that is waiting for you.”

And in the words of wisdom from Carl Jung, “Midlife is the time to let go of an over dominant ego and to contemplate the deeper significance of human existence.”



Lisa Marie Shaughnessy is a certified life coach, former media advertising executive, and behavioral health marketing and business development professional.

In 2009, she was led to believe she was a candidate for testosterone replacement therapy at a hormone clinic in Scottsdale, Arizona. After spending three years on testosterone replacement therapy, she developed an iatrogenic addiction that led her to contemplate suicide.

Today, Lisa is a testosterone addiction recovery advocate and speaker. Her topic, *“Testosterone The Next Drug Epidemic: Side Effects-Addiction-Death.”* Her book is the first to explore, in-depth, the addictive side of testosterone. It is both a warning and a call to action. To reach Lisa with your questions or concerns about testosterone email her at [lisashaughnessy@outlook.com](mailto:lisashaughnessy@outlook.com).

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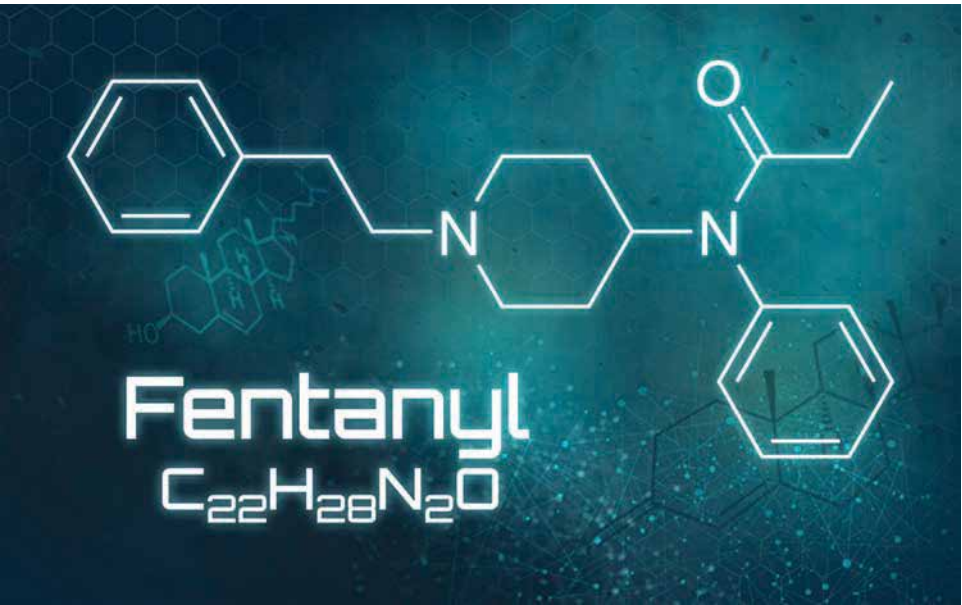
# Fentanyl Facts for Families

## What is fentanyl and how does it work in the body?

Fentanyl is a powerful synthetic opioid, similar to morphine but 50 to 100 times more potent. In its prescription form it is prescribed for pain, but fentanyl is also made illegally and distributed as a street drug. Illegal fentanyl is sold as a powder or made into pills that look like real prescription opioids (pain relievers). Fentanyl works by binding to the body's opioid receptors, which are found in areas of the brain that control pain and emotions. Its effects include euphoria, drowsiness, nausea, confusion, constipation, sedation, tolerance, addiction, respiratory depression and arrest, unconsciousness, coma, and death.

## Why is fentanyl a problem in Arizona?

Fentanyl is the most common substance found in opioid overdose deaths in Arizona – teens as young as 14 years old have overdosed and died. Illegal fentanyl is being mixed with other drugs, such as cocaine, heroin and methamphetamine. This is especially dangerous because people are often unaware that fentanyl has been added. The high potency of fentanyl greatly increases risk of overdose, especially if a person who uses drugs is unaware that a powder or pill contains it. Naloxone is a medicine that can be given to a person to reverse a fentanyl overdose. Multiple naloxone doses might be necessary because of fentanyl's potency.



## Helpful Resources

### 1-888-688-4222 — Opioid Assistance and Referral Line

Local medical experts offer patients, providers, and family members opioid information, resources and referral 24/7. Translation services available.

### 1-800-662-HELP (4357)— SAMHSA's National Helpline

Free, confidential treatment referral and information service available 24/7 (in English and Spanish).

### NaloxoneAZ.com

See where the opioid overdose reversal drug naloxone is available near you.

### DumpTheDrugsAZ.org

Find a location to dispose of unused, unwanted, or expired medication.

### FindTreatment.gov

Find treatment resources available in your area.

### TalkNowAZ.com

Get tips on talking with youth about substance use.

### Youth Resources

Text HELLO to 741741 to text anonymously with a trained crisis counselor for free, 24/7

### Teen Lifeline — Available 24/7 1-800-248-TEEN (8336)

Arizona support line for teens operated by teens.

### Suicide Prevention Lifeline — Available 24/7 1-800-273-8255

Helps individuals in suicidal crisis with support.

### Trevor Project Lifeline — Available 24/7 1-866-488-7386

Confidential suicide hotline for LGBT youth.

**TALK** | It's never too early to have a conversation about alcohol and other drugs. The sooner you talk about the dangers of underage drinking and substance use, the greater chance you have of influencing your child's decisions about using them.

**GET SPECIFIC ABOUT FENTANYL** | When you talk to youth, don't leave out the details. Be specific about the drug fentanyl and the dangers of its use. Let youth know that it is being sold as counterfeit OxyContin®, Xanax®, and other prescription drugs. Knowing one of these pills could be deadly, a child may consider the consequences of trying one of these too risky. Visit **TalkNowAZ.com** to help get this conversation started.

**MONITOR** | Because substances, including counterfeit pills laced with fentanyl, are being bought and sold through texting and social media sites be sure to monitor where youth go online and ask about who they follow and what they are seeing and hearing online. Before allowing youth to go online and set up accounts consider having them sign a social media safety contract with you.  
Find a social media contract at **TalkNowAZ.com**.

**TAKE ACTION** | Naloxone is medicine that can reverse an overdose. Naloxone can be purchased at pharmacies in Arizona without a prescription or free from a local substance use prevention coalition. It is easy to administer and can be lifesaving. To find naloxone near you visit NaloxoneAZ.com. Always call 911 if there is an overdose.

Treatment works and there is hope. Medication along with behavioral therapies have been shown to be effective in treating those with an addiction to fentanyl and other opioids. If you're concerned about someone's opioid or fentanyl use call the Arizona Opioid Assistance Referral line at **1-888-688-4222** for information about treatment and counseling options.

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### How to Help

The opioid crisis is escalating at alarming rates. But, you can help save lives during this crisis.

Individuals who have overdosed are being left to die because those around them are afraid to call for help. Having an overdose reversal drug in your first aid kit could save your child... a friend... even a neighbor. It's called naloxone and it's saving thousands of lives in Arizona.

Naloxone is easy to use. You don't need a prescription, and anyone can administer it. And while it may not cost you a thing today, it could be the reason someone lives to see tomorrow.

<https://naloxoneaz.com/>





by Magellan Health Insights

New data from the Centers for Disease Control and Prevention shows that suicide rates have risen to over 30% in the US since 1999.[1] Since COVID-19 began, suicidal ideation in the US has more than doubled, with younger adults, racial/ethnic minorities, essential workers and unpaid adult caregivers experiencing disproportionately worse effects.[2] As suicide has reached crisis-level proportions in our nation, it's time to recognize suicide as a public health crisis and learn about the warning signs and the skills needed to save a life.

### Know the warning signs of suicide

It is hard to tell whether a person is thinking of suicide. Most people who take their own life show one or more warning signs, either through what they say or do.

- **Feelings:** Expressing hopelessness, talking about suicide or having no reason to live, showing moods such as depression, anxiety, irritability
- **Actions:** Showing severe/overwhelming pain or distress, using drugs or alcohol, searching for ways to end their life
- **Changes:** Withdrawing from activities, isolating from friends and family, sleeping more or less
- **Threats:** Talking about, writing about or making plans to kill themselves
- **Situations:** Going through stressful situations including loss, change, personal humiliation or difficulties at home, school or with the law

### Take action to prevent suicide

Suicide remains the second leading cause of death among Americans between the ages 10 and 34, according to the CDC.[3] It is a major health crisis—and

preventable. When someone says they are thinking about suicide or says things that sound as if they are considering suicide, it is important to pay attention and take action. Suicide is often preventable.

- **Ask and listen:** “*Are you thinking about killing yourself?*” is not an easy question, however, a study by the National Institute of Mental Health shows considering suicide may reduce rather than increase suicidal thoughts. Be willing to listen and discuss their feelings.
- **Keep them safe:** Reducing a person's access to highly lethal objects or places is an important part of suicide prevention. Asking if the at-risk person has a plan and removing access to lethal means can make a difference.
- **Get them help:** Connect with a trusted family member, friend or mental health professional. Call the National Suicide Prevention Lifeline's (1-800- 273-TALK (8255)) and the Crisis Text Line's number (741741). Save these numbers in your phone so they're there when you need them.
- **Stay connected:** Staying in touch after a crisis or discharge from care can make a difference. Let them know they matter and you care. Leave a message, send a text or call them.

For more information and helpful resources, visit [MagellanHealthcare.com/Prevent-Suicide](https://www.magellanhealthcare.com/Prevent-Suicide).

If you are in crisis or considering suicide, or if someone you know is currently in danger, please dial 911 immediately.

[1] <https://www.nimh.nih.gov/health/statistics/suicide>

[2] <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

[3] <https://www.nimh.nih.gov/health/statistics/suicide>



## Being charged with a DUI is an exhausting and expensive process.

*An initial step to earning your license back from the DMV is to complete an Alcohol or Drug Screening by a Licensed Substance Abuse Counselor.*



**At Arizona Women's Recovery Center, we offer affordable, convenient screenings for both women and men.**

**Call 602-264-6214 to schedule your screening and get back on the road to recovery.**





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# Stay Connected

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**ADVERTISER LISTINGS**  
**Arizona Addiction 602-737-1619**  
**Arizona Addiction Recovery 888-512-1705**  
**AZ Women's Recovery Center 602-264-6214**  
**Aurora Behavioral Health 877-870-7012**  
**Calvary Healing Center 866-76-SOBER**  
**CBI, Inc. 480-831-7566**  
**CBI, Inc. Access to Care 877-931-9142**  
**Cohn Media 866-578-4947**  
**Gifts Anon 480-483-6006**  
**The Meadows 800-632-3697**  
**Meadows Ranch 866-390-5100**  
**Men's Teen Challenge 520-792-1790**  
**Mercy Care 602-222-9444 /800-631-1314**  
**Psychological Counseling Services (PCS) 480-947-5739**  
**Recovery Ways 844-299-5792**  
**Rio Retreat Center 800-244-4949**  
**Scottsdale Recovery Center 888-663-7847**  
**Sierra Tucson 800-842-4487**  
**Sober Living AZ 602-737-2458**  
**Stewart Counseling 602-316-3197**  
**Valley Hospital 602-952-3939**  
**Teen Challenge AZ 800-346-7859**

**RESOURCES**  
ACT Counseling 602-569-4328  
AZ Center for Change 602-253-8488  
AZ. Dept. of Health 602-364-2086  
AzRHA 602-421-8066  
Chandler Valley Hope 480-899-3335  
Choices Network 602-222-9444  
Compass Recovery 800-216-1840  
Copper Springs 480-418-4367  
Cornerstone Healing 480-653-8618  
The Crossroads 602-279-2585  
Problem Gaming 800-NEXTSTEP  
Desert Drug Dog 602-908-2042  
Fit FOUR Recovery 480) 828-7867  
Hunkapi Programs 480- 393-0870  
Lafrontera -EMPACT 800-273-8255  
River Source 480-827-0322  
Scottsdale Providence 480-210-5528  
TERROS Health 602-685-6000  
VIVRE 480-389-4779

**Therapists/Interventionists/Coaches**  
Dr. Marlo Archer 480-705-5007  
Carey Davidson 928-308-0831  
Dr. Dina Evan 602-571-8228  
Dr. Dan Glick 480-614-5622  
Julian Pickens, EdD 480-491-1554

**TUCSON**  
ACA aca-arizona.org  
AA 520-624-4183  
Tucson Al-Anon Information Service Office 520-323-2229  
Amity Foundation 520-749-5980  
Anger Management 520-887-7079  
Behavioral Awareness Center 520 629 9126  
Center For Life Skills Development 520-229-6220  
Co-Anon Family Groups 520-513-5028  
Cocaine Anonymous 520-326-2211  
Cottonwood Tucson 800-877-4520  
Crisis Intervention 520-323-9373  
The Mark Youth & Family Care Campus 520-326-6182  
Narcotics Anonymous 520-881-8381  
Nicotine Anonymous 520-299-7057  
Overeaters Anonymous 520-733-0880  
Recovery in Motion 520-975-2141  
Sex/Love Addicts Anonymous 520-792-6450  
Sex Addicts Anonymous 520-745-0775  
Sierra Tucson 800-842-4487  
Sonora Behavioral Health 520-829-1012  
Suicide Prevention 520-323-9372  
Turn Your Life Around 520-887-2643  
Workaholics Anonymous 520-403-3559

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# Resources & Helplines

*The providers listed are available to assist you. In an emergency dial 911*

Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
Tucson Al-Anon Information	520-323-2229
Adult Children of Alcoholics	aca-arizona.org
Arizona Addiction	602-737-1619
AZ Women's Recovery Center	602-264-6214
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
Copper Springs	480-418-4367
Crisis Help Line – For Any Kind of Crisis	800-233-4357
Crisis Response Network	602-222-9444
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
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
Suicide Prevention Lifeline	800-273-8255
Teen Challenge	888-352-4940
Teen Life Line	800-248-8336



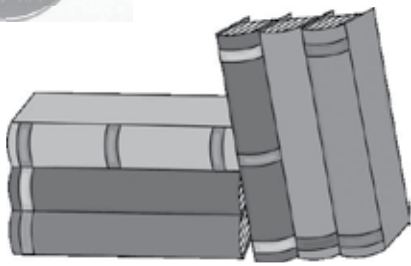
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## SET THEM UP FOR SUCCESS IN AND OUT OF THE CLASSROOM.

**Support kids' overall health and wellness by being informed.**

It's important to talk with kids about the risks of underage drinking and substance use from a young age, and continue those conversations as they get older and become more independent. For tips on how—and when—to begin the conversation, visit

[www.underagedrinking.samhsa.gov](http://www.underagedrinking.samhsa.gov)

#TalkTheyHearYou

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