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“Women are not immune from sex addiction, hypersexuality, and compulsive sexual behaviors. In fact, more women struggle with these issues than previously thought.”

## Are men or women more likely to be addicted to sex?

Most would probably say men. While men do make up a larger percentage of those struggling with life-disrupting sexual behaviors, women actually make up 40% of those dealing with these issues, according to NBCNews.com. In fact, a 2018 JAMA Network survey of more than 2,000 American adults revealed that 7% of women and 10% of men reported distress and difficulty controlling sexual feelings, urges, and behaviors.

Greater expression and frequency of sexual behaviors tend to be less socially acceptable for women than men, which may easily hinder women from seeking treatment for compulsive sexual behaviors. As a result, we have less research on Compulsive Sexual Behavior in women; the female population is underrepresented in studies pertaining to compulsive sexual disorders and related conditions. As more studies are conducted, treatment professionals hope to better understand and treat women addicted to sex.

The good news is that treatment approaches like psychodrama, Somatic Experiencing (SE), Internal Family Systems (IFS), Eye Movement Desensitization Reprocessing (EMDR), and 12 step groups can help both women and men who are struggling with life-disrupting sexual behaviors. Additionally, treating any trauma, co-occurring addictions, and other mental health conditions may reduce symptoms and help individuals readjust to healthy patterns of sexual behavior.

### What Is Compulsive Sexual Behavior?

“Sex addiction” is not a condition you’ll find in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (the DSM-5). However, this term and others (like hypersexuality or compulsive sexual behaviors) may be used by treatment professionals to help identify when a person’s sexual thoughts and habits become obsessive, intrusive, and an impairment to daily functioning. And in 2018, the World Health

Organization (WHO) began classifying compulsive sexual behavior as a mental health condition in its International Classification of Diseases list known as the ICD-11.

### ICD-11 Description

It is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges, resulting in repetitive sexual behavior over an extended period (e.g., six months or more) that causes marked distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

### Diagnostic Requirements of one or more of the following 4 criteria:

- Engaging in repetitive sexual activities has become a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities
- The person has made numerous unsuccessful efforts to control or significantly reduce repetitive sexual behavior
- The person continues to engage in repetitive sexual behavior despite adverse consequences (e.g., repeated relationship disruption, occupational consequences, negative impact on health)
- The person continues to engage in repetitive sexual behavior even when he/she derives little or no satisfaction from it.

Sex addiction is a label that may be applied to a set of compulsive sexual behaviors that feel difficult or impossible to control. Some people may be relieved to learn there is a classification for their obsessive tendencies; others may be horrified to have this kind of label applied to them.

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# Publisher's Note

By Barbara Nicholson-Brown  
Email: [barb@togetheraz.com](mailto:barb@togetheraz.com)

## Recovery Emerges from Hope

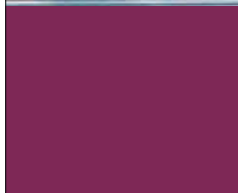
Hitting bottom was the best thing that ever happened to me, though at the time it felt the complete opposite. Recovery or sobriety was not on my radar, hope seemed too far out of reach, so I settled for hopeless. It was easier to blame other people, places, jobs, family members and friends for my downward spiral. I never wanted to take responsibility for my life. In the throes of addiction; most of us have skewed victim thinking... and shame and fear keep many of us hiding in the darkness.

The African Proverb says, "It takes a Village to raise a child." Applying these words today, it takes all of us to raise awareness for recovery. Why? Because recovery does happen—because hope, treatment and caring people make it so!

Across the country and beyond there are thousands of people making a positive impact in the field of addiction treatment and behavioral health. In Arizona, we have many of the most recognizable treatment providers in the country — served by dedicated professionals who are saving lives every day. I'm honored to be walking along side those who work so tirelessly in this field, providing expertise, guidance and yes...hope, to help people turn their lives around.

My contribution in this arena of awareness is through this newspaper, where we share informative articles for anyone who may be struggling. From its humble beginnings in 1991 to today, this paper is here for you.

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## A Little Christmas in July

For the past few months staff members from Valley Hospital had been collecting donations for Sojourner Women's Center, and in July they brought a little bit of Christmas to the center. Through their incredible generosity over 2,000 personal hygiene items, diapers, strollers, and more were contributed to assist those whose lives have been impacted by domestic violence. "These items are much needed to help the women and children receiving care", said Sojourner Women's Center staff members. Valley Hospital will continue to make this an ongoing tradition for years to come.

If you would like to donate to Sojourner Center visit [www.sojourner-center.org](http://www.sojourner-center.org).



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# Codependency and Abandonment

By Ken Wells, MDiv, MA, LPC, CSAT, LSAC



One of the great fears that exists in relationship life is that of abandonment. It is scary to become emotionally naked to someone. Many people never achieve deep vulnerability to their partner or anyone else for that matter. There is an underlying fear that *if you know what I know about me you will run away from me.*

This fear is often disguised when people say I don't want to tell this truth because it will hurt the person I love. It can be true but underneath the stated qualm is the distress that if you expose the truth about yourself, you will be abandoned.

*The fear of abandonment is kindling for most codependent acts in relationships.*

Codependency is a gnarly description in relationship life when people try to control another's behavior in ways that are extreme. Everyone

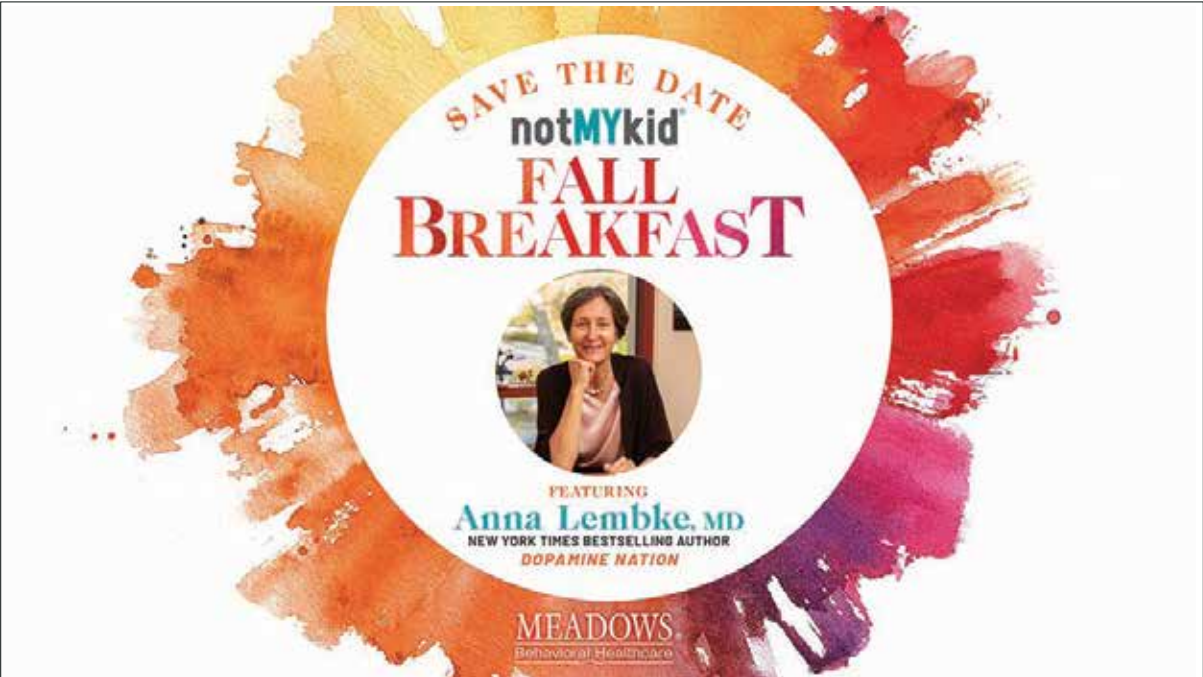
wants to be loved and accepted. Yet, when people go to the extreme of lying, manipulating with niceties, tolerating abuse, losing their identity, or ignoring painful experience because they desperately want to be accepted or loved — it

is hurtful. This behavior is identified as codependent. Codependent behavior is always motivated by traumatic experience both present and past. When

someone offends you, it is common to hesitate or judge your response based on past experience of being hurt by others. Putting up with the intolerable is endured because of the fear of losing something or someone you don't want to live without.

Both addicts and partners participate in the trauma response of codependency. It varies in degrees of expression. While it is suspect to put everybody in any one category, typically both parties fear abandonment. Extreme is defined in a myriad of behavioral responses. Ultimately, people act in certain ways to protect themselves from the hurt of abandonment. When you scare your partner with betrayal behavior, the cascading emotions triggered

*Codependency and Abandonment continued page 7*







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## Terros Health welcomes new Chief Medical Officer

Terros Health has hired a chief medical officer to guide the continued integration of physical and behavioral health at the organization's 11 clinics and recovery centers across the Valley.

Dr. Vanna Campion joined the organization with a strong background in family medicine and a penchant for providing patient-centered care.

"I am thrilled to be part of an organization committed to caring for the whole person," she said.

Campion comes to Terros Health from Dignity Health Medical Group's Chandler Family Medicine, where she managed care for 1,800 patients per year, supervised medical providers and mentored nurse practitioner students. She introduced transition of care visits to facilitate safe patient discharges and reduce hospital readmissions, and helped create an East Valley Family Medicine Residency program.

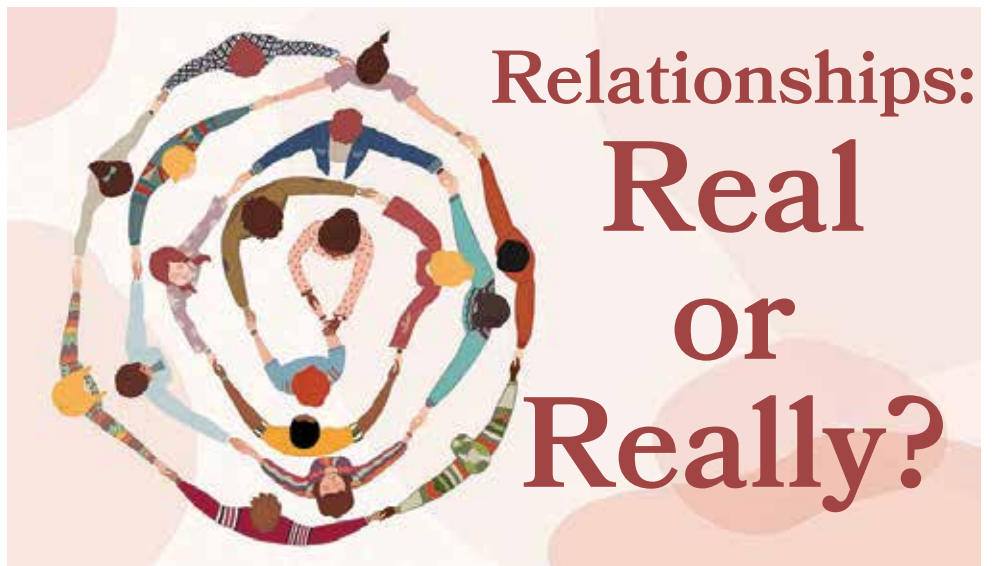
"Dr. Campion brings a wealth of knowledge to Terros Health that will help improve the health and well-being of our patients and community," said Dr. Karen Tepper, the organization's president and CEO.

Campion earned a bachelor's degree from Morehead State University in Morehead, Ky., and a medical degree from Ross University School of Medicine, Allopathic Medicine

in Portsmouth, Dominica, West Indies. She completed her family medicine residency at the University of Arkansas School of Medicine, along with a fellowship in obesity medicine. She is a member of the American College of Healthcare Executives, Obesity Medicine Association and the Society of Teachers of Family Medicine, along with the American and Arizona academies of Family Practice and the American Medical Association.

When she is not caring for patients, she contributes her time and talents to the community. She serves on the executive board of directors for the Arizona Center for the Blind and Visually Impaired and has been at the forefront of COVID-19 vaccination efforts as a volunteer for the FIBCO Family Services' Women's Heart Health Fair.

Terros Health is an integrated healthcare company focused on the whole person, providing primary care and specializing in mental health and substance use treatment for more than 50 years. Visit [terroshealth.org](http://terroshealth.org)



By Dina Evan, PhD

We are living in a time when relationships of every kind have made it very confusing and it's hard to know what real relationships look like. In politics real relationships have become those in which we must conform to someone else's needs or ideas about what is right for that person, but often not for ourselves. In personal relationships we call that co-dependency.

In business, and in politics, real relationships are those that build equity and bank accounts for the heads of companies, corporate officers and now we are learning elected officers and those in congress as well. In personal relationships we call that disempowerment or co-dependency too.

In politics and business, many of the relationships we know about are too often filled with secrecy and manipulation, lies and a lack of consciousness. So, how are we to know when a relationship, whether **it's a love relationship, a business relationship or a friendship is real?**

Let's look at it and life from the perspective of energy. The energy that is prominent in the world right now is what I call low level energy and we are on sensory over-load. It is exhausting, it makes us feel fearful, it is filled with secrecy and we feel afraid much of the time. Most of all, it makes us question our sanity and our own beliefs, not unlike the way we feel when a partner is cheating and lying about it or is withholding the truth about anything. We feel it in our gut. It's intrinsic and immediate and we know something is not right.

On the other hand, high level frequencies of energy make us feel safe, they empower us to be more of our real selves, they give us the freedom to explore our fears and feelings without judgement and the answers we get are truthful and also empowering. It's the same feeling you get in an instant ah-ha about an issue you have been struggling with, or a friend or family member who stops mid-sentence to tell you how much you are "valued and loved." Real authentic relationships don't leave us, or each other, wondering if we are loved. They don't result in us relying on someone else for or sense of identity or worth.

In this era of confusion, my favorite question to ask is, "What is this here to teach me?" In authentic, real high frequency or woke(-) relationships, we don't avoid the challenges or those questions because we know they bring the gifts of closeness and greater strength to our connections. They bring growth and aliveness and are gifts of self and relationship discovery...so we welcome and ask the questions and explore because we want the discoveries and don't fear them. We do that with tenderness and no blame. We do it with acceptance for difference, and with loving curiosity and acceptance about the deepest needs and beliefs of those we love. How can we be safe without those discoveries of truth and honesty?

### We respect each other's boundaries

So one of the things we talk about when growing relationships is to ask, "What are your boundaries about, things like talking about personal things having to do with each other like arguments, health issues, or anything else that might be sensitive with our friends or extended family. Respect is another issue that bonds us and to create safety, we need boundaries to be ourselves fully.

Relationships are the most precious gifts we can give to each other and when they are filled with high level frequencies and ethics of love and respect they touch our souls and change us forever. They are gifts of spirit and without them life eventually becomes meaningless. So for those of you not in relationships, I have a headline. You are in relationships with everyone in the store where you shop, in your 12 step meetings, in your classes at school, in your families in your friendships... in life itself. Spirit is always giving us the option to be who we came here to be and do what we came here to do. So fall in love with it and this life, regardless of the static and chaos. It's all about that one precious question... **"What is this here to teach me."**



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. Visit [drdinaevan.com](http://drdinaevan.com) or call 602-571-8228.





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Women from page 1

Shame, apathy, depression, and even anxiety are not uncommon among those who find themselves addicted to sex and sexual behaviors.

Common Co-occurring Issues include:

- Anti-social and Narcissistic Personality
- ADHD
- Mood Disorders
- PTSD
- OCD
- Substance use



Disruptive sexual issues can be a symptom of other issues related to self-image, intimacy, love, and control that come from someone’s history and experiences.

According to the Mayo Clinic, the following are symptoms of sex addiction or compulsive sexual behavior:

- Recurrent, intense sexual fantasies and behaviors that are time-consuming and feel out of control
- A compulsive desire to act on certain sexual urges, even if you feel guilt and remorse afterward
- An inability to control your symptoms in spite of negative consequences
- A habit of using sexual behavior to cope with or escape from other problems, such as loneliness, depression, or stress
- Difficulty establishing healthy or stable relationships

If you find that your sexual tendencies are disrupting your life, damaging your relationships, and causing severe distress, it’s time to speak to a professional about treatment options so that you can regain a healthy balance in your life.

Compulsive Sexual Behavior in Women

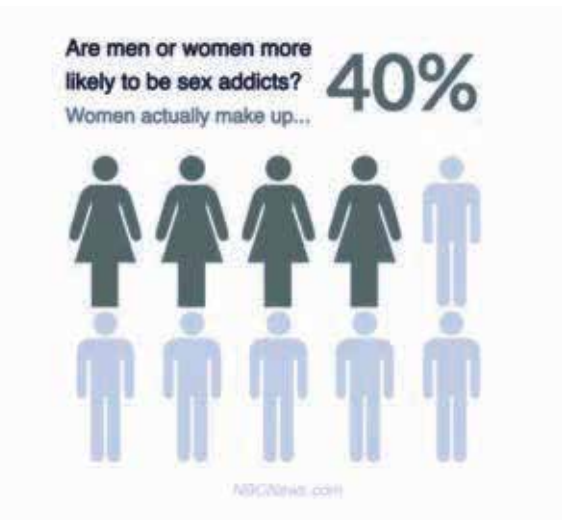
Women are not immune from sex addiction, hypersexuality, and compulsive sexual behaviors. In fact, more women struggle with these issues than previously thought. Women seeking treatment for sex addiction may be best described by any number of labels depending on their specific presenting symptoms:

- Sex Addiction
- Sex & Love Addiction
- Love Addiction
- Relationship Addiction
- Porn Addiction
- Traumatic Bonding
- Intimacy Disorder
- Insecure Attachment
- Complex / Developmental Trauma

Some instances of compulsive sexual behavior in women may be connected to childhood sexual abuse or trauma, as is frequently the case with men. A 2020 National Library of Medicine (NLM) review of studies on the relationship between child sexual abuse and compulsive sexual behaviors found that most studies supported a connection, both for women and men. One study on college women prompted the reviewers to suggest that “prevention efforts should be aimed toward students

with [child sexual abuse] histories reporting risky sexual behaviors or [compulsive sexual behaviors], including problematic pornography use.”

While not all manifestations of compulsive sexual behavior are related to abuse, those who have experienced trauma may have more success curbing their sexual coping behaviors after healing from their trauma. Treatment for other conditions like depression, anxiety, and substance use disorders can certainly aid a person’s recovery from sex addiction.



Help for Women with Compulsive Sexual Behavior

If you are struggling with compulsive sexual behaviors or intimacy disorders, you can find a safe haven for healing at Willow House at The Meadows. Willow House treats the whole person — mind, body, and spirit — using a comprehensive treatment approach that is research-backed and evidence-based. They have experience treating love, sex, and intimacy issues as well as mental health conditions and substance use disorders. Contact Meadows Behavioral Healthcare at 877-472-6760 to learn more about how they can help you find the path to healing. Visit [www.willowhouseforwomen.com](http://www.willowhouseforwomen.com)



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Codependency and Abandonment from page 3

by betrayal is immense. Obsessional thoughts triggered by treasonous actions is common. So is trying to control what you cannot, to the extreme. The pain of deceit is so deep that compulsive codependency takes over to avoid further trauma. Many respond with codependent response at the onset of betrayal while for others historical codependent response from past trauma is magnified by present betrayal trauma.

Addicts avoid telling the truth from a fear of abandonment. Pressed with the crisis of telling the truth or losing a relationship, an addict is forced to do disclosure. Some tell the truth because they are serious about ending their destructive addictive behavior. Others piecemeal the truth, mistakenly thinking that if I just tell enough my partner will be satisfied and I won't have to face the fear of abandonment.

After disclosure, many addicts avoid sharing their emotional truth about how they experience their betrayed partner triggered by shame about their addictive behavior and from a fear of abandonment.

However, if there is not a process that moves a relationship to sharing emotional truth, codependency motivated to avoid abandonment will lead to the realization of what both fear the most—a relationship break up. Codependency is accelerated when a couple does not tell each other what they feel or think because of a fear that if the other knows it will crush them. When a couple concludes that it is their responsibility to protect the other from truth that is deemed hurtful, they create the reality of what they fear most—desertion. In fear of abandonment, a couple can either tolerate unbelievable loneliness and emotional pain, or divorce. Either way it is possible to never address the fear of abandonment.

For codependent behavior to stop, the fear of abandonment must be faced. Here are some considerations:

- When you fear saying it straight, you must face the greatest fear you want to avoid. If the greatest fear is you will be embarrassed with your lack of knowledge, face that first. If your ultimate fear is that if I say to my partner what I really believe, h/she will leave me, you must face that first. If your greatest fear is your real truth is that you do not have the physical or emotional strength to achieve what is required, then you must face that first. Go to the place you fear the most and practice letting go of what you cannot control—then return to the here and now moment. You likely won't be facing your greatest fear in the present. But, inside you react as if you will. You must uncover your greatest fear as if it is present in the now moment of your life. When you do this, you will be able to address your present moment fear of abandonment. This requires engaging the letting go and surrendering process of Step 3 of 12-step recovery. Admit that you cannot control or prevent your partner from walking away. You will need help but facing this reality is first toward overcoming codependency around abandonment. It is also true about fear in other aspects of life.



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- Face the fear of failure** and know that you will survive on the other side. When you do, you will be able to manage the anxiety of the present moment.
- When you are stuck and paralyzed with fear of abandonment in a relationship, you will need to address past unresolved traumas.** Most people don't want to do this. I hear "I don't have any past traumas in my childhood or life." Sometimes people say, "I don't want to live in the past" or "I let that go a long time ago." Yet, the fact you are reacting to your partner on a level of intensity of 9 or 10 (on a scale of 1-10), this issue would normally be a 3 to 4, tells you that you need to stop and figure out where the over reaction is coming from and address it. Addressing it means going back to the point of pain and scrubbing the wound. It might be a present wound that must be addressed, or a childhood wound that has been left unaddressed. Essentially, you need to grieve the loss and the pain. You will feel worse before you feel better. When there is a medical intervention, it is common to feel worse before you feel better. Simply acknowledging, reading, or talking about the loss won't be enough. You will need to give back pain and feel the hurt of whatever occurred that paralyzes you with fear. PCS, The Meadows, Hoffman Institute, Onsite and a host of others specialize in this important grief work.
- Be your own best friend.** The feeling of abandonment is a lonely, scary feeling. The reason many people don't stand for principle is that it feels so lonely to do so. In a moment of aspiration many say, "I don't care what anyone says or does, I will do what in my heart is right." But, when the moment comes to stand for principle, it is lonely and scary. Yet, life has a way of bringing us all to that moment of recognition. In that moment when you need to stand for principle while facing abandonment, you must be your own best friend. Others can be supportive. But no one else can be there with you in that moment of truth. So, be gentle with yourself and bathe yourself in the predetermined affirmations that breathe life and inspiration into your moment of fear. You can do this. Pause and breathe deeply and know that when others abandon you, you will never abandon yourself again! Once you do this, then you can rely upon others to remind you of your personal commitment to yourself and hold you accountable with love and support.



For more insights about the importance of embracing every day experiences in recovery from Ken's book *"Dare to Be Average- Finding Brilliance in the Commonplace"* published by Daily House Publishing and currently on sale through Amazon.com.

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## Principles of Mindfulness

Applying the essential attitudes of mindfulness can help cultivate awareness of the present moment and help calm an anxious mind.

The essence of mindfulness is breath awareness. Your mindset and attitude also play a role in cultivating a successful mindfulness practice.

- **Non-judging**

As you start a mindfulness practice, pay close attention to your thoughts. Try not to get caught up in ideas, opinions, likes, and dislikes. As you notice your mind wander, try not to judge yourself for not paying attention, acknowledge your mind has wandered, and return your attention to your breath.

- **Patience**

Understand and accept things will emerge in their own time. Be patient open to each moment. Give yourself permission to take the time you need for mindfulness and see what unfolds in the present time instead of rushing to get somewhere else or better.

- **Beginners mind**

Try to look at things with a clear and uncluttered mind. Too often, we let past experiences, beliefs, and expectations keep us from seeing things in the present moment. Consider opening yourself up to new possibilities, as if you're seeing things for the first time or through the eyes of a child.

- **Trust**

An integral part of meditation training is trusting yourself and feelings. While you may make mistakes along the way, look inward for guidance, and trust your intuition. Be receptive to what you learn from others, but it's a good idea to listen and trust yourself.

- **Non-striving**

It's likely that most of what you do in life, you do with a purpose or goal.

But, mindfulness meditation involves "non-doing" and focusing on seeing and accepting things as they are. Embrace the moment, hold onto your awareness, and try not to react or transition into goal-setting mode.

- **Acceptance**

Acceptance involves allowing things to be as they are without trying to change them. When you accept your current situation without wishing it was different or trying to change it, you're able to be more aware of what you are experiencing at that moment.

- **Letting go**

In your meditation practice, you may notice that as you start to pay attention to your inner experiences,



you may discover your mind may want to hold onto specific thoughts or experiences.

Try and let your thoughts or experiences be what they are. Try not to get caught up in judging each experience. Just let it be and let it go.

Here are three simple mindfulness practices to try from Thich Nhat Hanh's book, *"Happiness: Essential Mindfulness Practices."*

- **Conscious breathing**

The foundation of all mindfulness practice is to bring attention to your breath. Mindful breathing or "conscious breathing" involves paying attention to your breath as you breathe in and out.

*To begin:*

- Pay attention to your breath as it moves in and out of your body.
- As you inhale, you can say to yourself "in," and as you exhale, you can say "out."
- Breathe here for as long as you want.



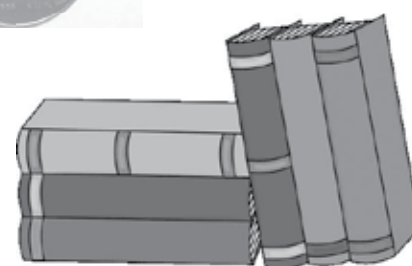
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# Ready for Healing?

By Alan Cohen

If you were in physical, emotional, relationship, or financial pain, and I asked, “Do you want to be healed?” you would most likely answer, “Yes.” Yet there is more choice behind wellness and illness than we know.

I was coaching a fellow who had been diagnosed as ADHD. “I don’t think I am totally ADHD,” he told me. “I can focus and get things done if I want to.”

“Then why don’t you focus all the time?” I asked him.

“I am afraid if I get my projects done and show them to the world, I will be criticized. So it’s easier to stay ADHD, not finish, and avoid the judgment I fear.”

Another client complained she was a chronic procrastinator and never got around to cleaning her house. “Why is procrastinating more rewarding to you than cleaning?” I asked. “My father was a perfectionist and demanded I be the same,” she told me. “I’m afraid if I do my task and it’s not perfect, I will feel like a failure.”

Both of these people found more reward in holding onto old patterns than in changing. While we may seem to be victims of people or conditions, we are more at choice than we know. We are always choosing what we believe will bring us the highest reward. In many cases, that reward is just an immediate reward, not the highest one.

A woman in my Coaching Room program reported she had gone through a painful divorce several years ago, and since then she had put on considerable weight. She had tried various diet and exercise regimes, but couldn’t take the weight off. “Is there any advantage you perceive in keeping the weight on?” I asked.

She thought for a moment and answered, “I don’t really want to get involved with a man again. Perhaps on some level I believe if I am heavy I will not be so attractive to men and I will not have to deal with a relationship.”

I asked her, “Would you be willing to say no to men directly without needing your weight to speak it for you?”

We went on to a very productive discussion about how she could be more direct in her communication, set healthy boundaries, and love herself just as she was. When she was able to claim her true choice, she was no longer at the effect of her weight.

*It’s tempting to say, “This is just how it is,” without questioning how it could be better.*

We might blame childhood programming for our current limitations. One student told the spiritual teacher Abraham, “You can’t teach an old dog new tricks.” Abraham brilliantly replied, “You have no idea what an old dog you are,” meaning that our nature as spiritual beings runs far deeper than any childhood programming. Because we are souls more than personalities, when we drop into our soul identity, we gain the leverage to shift all kinds of conditions at the personality level.

Many people experience healings science calls “spontaneous remissions.” But there is nothing random or spontaneous about such healings at all. They are the result of choices we make at the soul level. My friend Colleen was diagnosed with cancer of the tongue. As a result, she joined a Christian healing group. The leader asked Colleen to stand in the center of the group and receive a prayer. At that moment Colleen experienced a lightning bolt strike her tongue at the site of the cancer, followed by a deep peace.

When she went for pre-op x-rays, the doctor was astonished. “There is no sign of any cancer,” the doc-



# Opioid Symposium

## FREE GILA COUNTY COMMUNITY EVENT

**When:** Saturday, August 13, 2022  
9am – 12pm

**Where:** Payson Highschool Gym  
301 S. Mc Lane, Rd.  
Payson, AZ 85541

The CBI Opioid Symposium is a three-hour event designed to inform the community about the ongoing opioid epidemic, and to normalize the conversation about solutions for this issue.

This family friendly event includes a panel discussion from community leaders, games, kid zone and resource booths focused on increasing awareness on a topic that impacts communities throughout Arizona.



**Please contact [info@cbridges.com](mailto:info@cbridges.com) for more information.**

tor told her. That incident occurred thirty-three years ago. Since that time Colleen has remained perfectly healthy and has led an appreciative, blessed life. When we make a choice and partner with Higher Power, we open the door to miracles. The sincere intention to be healed is the first step. When you do your part, the universe will help with the details.

Alan Cohen, M.A., is the author of 28 popular inspirational books, including the best-selling *The Dragon Doesn’t Live Here Anymore*, the award-winning *A Deep Breath of Life*, and the classic *Are You as Happy as Your Dog?* Visit [alancohen.com](http://alancohen.com).

## 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.**



# What Can Be Done To Advance Health Equity?

**Drug overdoses are preventable.** The growing overdose crisis, particularly among people from racial and ethnic minority groups, requires tailored prevention and treatment efforts. These efforts should be designed to restore optimal health for all. Public health professionals, healthcare providers, policy makers, and communities can consider:

- Improving access to treatment and recovery support services by offering telehealth and similar options to help people start and continue treatment and care over time. This is especially important for people from racial and ethnic minority groups, who encounter more barriers to accessing these vital services.
- Expanding insurance coverage can help.
- Offering structural support such as housing assistance, transportation assistance, and child-care to help reduce barriers to accessing and staying in treatment and recovery.
- Combining culturally appropriate traditional practices, spirituality, and religion, when appropriate, with proven substance use disorder treatment.
- Creating culturally tailored campaigns that help raise awareness and reduce stigma around treatment and recovery.
- Offering support groups and opportunities for community connection to help reduce stigma and mistrust.
- Reducing criminalization of substance use disorders.
- Linking people to treatment from a variety of settings (such as primary care, syringe services programs, and healthcare settings during incarceration) and through trusted messengers, which helps people to continue treatment over time.
- Improving access to programs that address past and prevent future trauma and other risk factors for substance use.

(Source: <https://www.cdc.gov/vitalsigns/overdose-death-disparities/>)

# Prescription & Over-The-Counter Drugs & Driving

## Some Medicines and Driving Don't Mix

We are an overprescribed America—the US represents under 5% of the world’s population, but consumes about 80% of the world’s prescription drugs. In its 2013–14 National Roadside Study of Alcohol and Drug Use, the NHTSA found 10 percent of weekday, daytime drivers surveyed tested positive for prescription and/or over-the-counter drugs. These include sleep aids, anti-anxiety drugs and even allergy medicines. *But, not all prescription and over-the-counter drugs affect driving.*

### Drivers Underestimate the Risks

Over the past three decades, society has come to frown on drunk driving. An overwhelming majority of drivers (94%) consider driving after drinking alcohol a serious threat to their personal safety. But, only 78% of drivers feel the same way about driving after use of prescription drugs.

### Curb Your Risk of Driving Impaired

We need to become better advocates for ourselves during visits to the doctor, or when filling a prescription at the pharmacy. AAA research suggests only about half of doctors mention potential driving risks when prescribing medications to their patients. Become proactive by asking your doctor or pharmacist how the medications you take could affect your ability to drive. Putting the topic on the table is your best shot at getting answers to help keep you healthy and safe, and others around you.

(Source: <https://exchange.aaa.com/safety/substance-impaired-driving/prescription-over-the-counter-drugs-driving/>)

**Prescription opioids can be**  
**addictive and dangerous.**

It only takes a little to lose a lot.



**cdc.gov/RxAwareness**



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Physicians are on the medical staff of Calvary Healing Center, but, with limited exceptions, are independent practitioners who are not employees or agents of Calvary Healing Center. The facility shall not be liable for actions or treatments provided by physicians. Model representations of real patients are shown. Actual patients cannot be divulged due to HIPAA regulations. For language assistance, disability accommodations and the non-discrimination notice, visit our website 203427-4945 7/20



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# Teen Challenge of Arizona

Helping Youth, Adults & Families

**HOME OF HOPE**  
Women & Women with Children  
520-252-3523

**PHOENIX MEN'S CENTER**  
Men 18 +  
602-708-9475

**SPRINGBOARD**  
Home for Girls (12-17)  
520-730-4269





## Together AZ

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

Suicide crisis call 988

# STAY CONNECTED



**TOGETHER AZ** 602-684-1136  
**WE VALUE OUR PARTNERS**  
**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 Access to Care** 877-931-9142  
**Cohn Media** 866-578-4947  
**Gallus Medical Detox** 888-306-3122  
**Gifts Anon** 480-483-6006  
**The Meadows** 800-632-3697  
**Meadows Ranch** 866-390-5100  
**MensTeen Challenge** 520-792-1790  
**Mercy Care** 602-222-9444 /800-631-1314  
**Psychological Counseling Services (PCS)** 480-947-5739  
**Rio Retreat Center** 800-244-4949  
**Scottsdale Recovery Center** 888-663-7847  
**Sierra Tucson** 800-842-4487  
**Sierra at Scottsdale** 844-749-1567  
**Valley Hospital** 602-952-3939  
**Teen Challenge AZ** 602-708-9475

**Scottsdale Providence** 480-210-5528  
**TERROS Health** 602-685-6000  
**Therapists/Interventionists/Coaches**  
**Dr. Marlo Archer** 480-705-5007  
**Carey Davidson** 928-308-0831  
**Dr. Dina Evan** 602-571-8228  
**Julian Pickens, EdD** 480-491-1554

**TUCSON**  
**ACA** aca-arizona.org  
**AA** 520-624-4183  
**Al-Anon Infor Service** 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

**Need details on becoming a resource?**  
**Email: barb@togetheraz.com**

**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  
**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  
**EMPACT** 800-273-8255  
**River Source** 480-827-0322

**ARIZONA CRISIS HOTLINES**  
**Suicide and Crisis Hotlines by County**

- Maricopa County served by Mercy Care:  
**1-800-631-1314 or 602-222-9444**
- Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma Counties served by Arizona Complete Health—  
Complete Care Plan: **1-866-495-6735**
- Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties served by Health Choice Arizona: **1-877-756-4090**
- Gila River and Ak-Chin Indian Communities:  
**1-800-259-3449**
- Salt River Pima Maricopa Indian Community:  
**1-855-331-6432**







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