

## Embracing Hope: Understanding and Overcoming Substance Use in the First Responder Community

By Bill Reynolds, PA-C

First responders are the heartbeat of our communities—the firefighters charging into flames, the police officers stepping between danger and the innocent, the paramedics and EMTs delivering life-saving care in the dead of night. These everyday heroes run toward chaos while the rest of us seek safety. Yet behind the badges, helmets, and uniforms lies a quieter battle that far too many face alone: substance use. The cumulative weight of trauma, relentless stress, and the pressure to “stay strong” can lead even the most resilient among us down a painful path. The good news—one that deserves to be shouted from every firehouse and patrol car—is that this struggle is not a life sentence. Help is not only available; it is effective, compassionate, and tailored specifically for those who protect us. **Recovery is real, and healing is within reach.**



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Recent studies paint a clear but compassionate picture of the challenge. First responders are roughly twice as likely to develop substance use issues compared to the general population. Problematic alcohol use affects approximately 30% of

first responders—double or triple the rate seen in other occupations. Among firefighters, more than half report heavy or binge drinking in any given month, with nearly 29% meeting criteria for alcohol use and about 14% reporting lifetime misuse of prescription opioids. Police officers show similar patterns, with around 30% experiencing problematic drinking; one older but still relevant study found 11% of male officers and 16% of female officers at elevated risk. For EMTs and paramedics, the numbers are especially concerning: over 20% struggle with PTSD, 36% with depression, and sleep deprivation affects a staggering 72%, all of which heighten vulnerability to both alcohol and prescription drug misuse.

A nationwide survey of more than 2,800 first responders during the height of the COVID-19 pandemic revealed that while 61% reported no substance concerns, nearly 40% turned to substances to relieve emotional discomfort, 22% used more than intended, and 21% felt unable to cut back. Firefighters scored slightly higher on problematic use than police or EMS in that study, underscoring how every shift can quietly compound. These figures are not judgments; they are a call to understanding.

First responders witness horrors—child fatalities, mass casualties, domestic violence—that most people never see. Repeated exposure to potentially traumatic events (up to 80% of first responders

EMBRACING HOPE continued page 9

## 35 Years of Together AZ

### A Love Story, A Lifeline, A Legacy

By Jessica Parsons

For 35 years, *Together AZ* has landed in waiting rooms, counselors’ offices, 12-step meetings and treatment centers across Arizona. It has passed quietly from hand to hand, sometimes folded into a purse, sometimes left on a coffee table, sometimes slipped to a friend who “might need this.”

For Publisher Barbara Nicholson-Brown, the milestone almost snuck up on her. “I’m just really amazed, because I don’t think about it,” Barbara shares. “I feel passionate about it every month — the stories and articles from the experts. I strive to print good material that’s going to be helpful to people, and the years have gone by. Then it hit me — this is 35!”

The publication began as *Recovery Together*, founded by her late husband, Bill Brown, after he rebuilt his own life in recovery. It later became *AZ Together*, and eventually *Together AZ*, expanding beyond substance use to address mental health and behavioral struggles, along with family recovery and self-care.

“*Inspiring success on the road to recovery*,” Barbara says was the vision that came to her one day while they were enjoying coffee together. “That’s the mission,” she explains. “Let’s plant a seed. Maybe somebody picks it up and sees a headline or a story that resonates with them or someone they know, and they can pass it forward. The paper took on a life of its own. It’s a resource and a message of hope to stay on the path to recovery.”

And what’s more, in an era where many publishers have gone digital, she still believes in paper. “There’s something important to me about touching paper, turning pages, reading, then putting it down and picking it up later. I love to read real books. It’s almost a lost art.”

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Photo: George J Nicholson

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# Publisher's Note

By Barbara Nicholson-Brown

## Paper, Ink, and a Whole Lot of Heart



Second issue May 1991

Sprinkled throughout this issue are memories of Bill, who founded this paper 35 years ago. He was a man who placed his Higher Power and sobriety above everything else. He never wavered on that, even when I'd jokingly challenge his rankings. His response was always the same — a laugh and a "Sorry, baby, but you and golf come in second."

This publication's longevity is a testament to the unwavering support of our advertising partners, the monthly expertise shared by our healing professionals, and our dedicated community of readers. Since Bill's passing in 2010, I've continued to carry his vision forward — and will do so for many years to come.

There are no words sufficient enough to express my heartfelt thanks to each and every person who has ever been part of this publication through the years. *Thank you all. Thank you, Bill.*

I have to give a special shout-out to John T., he's been delivering the Tucson route since Bill brought him on in the early '90s. And honestly, I don't know what I'd do without Matt S., my Phoenix Metro lead for the past 16 years. They're both great friends and the real engines behind getting this paper delivered to you every month.

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The 32nd Annual MHA of Arizona SEEDs Conference, themed *Care That Grows with Us: Advancing Mental Health Care at Every Age and Every Stage*, convenes a diverse cross-sector community dedicated to advancing responsive, lifespan-oriented mental health care. Attendees include healthcare and behavioral health professionals, policy makers, system leaders, community and business leaders, peer support specialists, caregivers, and advocates from across Arizona. Together, participants will examine how systems, practices, and partnerships can evolve to better serve individuals and communities at every developmental stage.

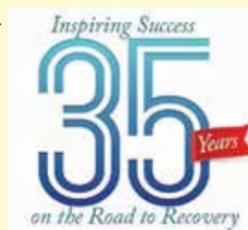
## TogetherAZ

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In gratitude and memory of  
**William B. Brown, Jr.**

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Barbara Nicholson-Brown



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Published Monthly Since 1991

# The Meadows Celebrates 50 Years of Trauma-Focused Care and Clinical Leadership

For 50 years, The Meadows has changed lives forever, supporting individuals and families navigating trauma, addiction, dual diagnosis, mental health challenges, and related conditions. Founded in 1976, the organization has empowered people to reclaim hope, build resilience, and achieve meaningful, lasting recovery. As it marks its 50th anniversary, The Meadows reflects not only on its history, but on the principles that have defined it for five decades: trauma-focused, patient-centered care grounded in clinical excellence, strengthened by community, and continually evolving to meet the needs of those it serves.

The Meadows became nationally recognized for its pioneering work in trauma-focused treatment and the integration of Pia Mellody's model of Developmental Immaturity, often referred to as The Meadows Model. This framework remains a foundational pillar of The Meadows Approach to Care and is fully integrated within their programs and levels of care.

"From the beginning, The Meadows recognized that trauma is central to many forms of addiction and mental health suffering," said Dr. Claudia Black, PhD, Senior Fellow at The Meadows and clinical architect of Claudia Black Young Adult Center's groundbreaking treatment program. "What has sustained this work for 50 years is a willingness to look deeply, treat the whole person, and continually evolve while staying grounded in compassion and clinical integrity."

As patient needs have evolved over five decades, The Meadows has continued to tailor its care for distinct populations. In its 50th year, that commitment continues with the launch of **Unbroken at The Meadows, Protecting the Protectors**, a dedicated program for active-duty military members, veterans, and first responders facing trauma and co-occurring substance use. Unbroken represents the next chapter in The Meadows' legacy of serving nuanced populations with culturally informed, specialized care.

"As we reflect on the last 50 years, we are equally focused on what comes next," said Jaime Vinck, President of Meadows Behavioral Healthcare. "The

future of behavioral healthcare requires responsible innovation. At The Meadows, that means thoughtfully integrating emerging, evidence-based modalities while applying the depth of experience we have built over decades to ensure they truly serve patients."

Looking ahead, The Meadows is focused on the future of behavioral healthcare, building on decades of expertise while responsibly expanding its treatment options. Comprehensive psychiatric and medical care have been an area of focus and a newly added pillar of The Meadows Approach to Care, reflecting an emphasis on responsible innovation in interventions for patients with complex or co-occurring conditions. The organization is also carefully exploring emerging science, including GLP-1 therapies for addiction, as part of its commitment to advancing the field and providing patients with innovative, evidence-based tools to support lasting wellbeing and meaningful, sustainable recovery.

"As we mark the 50th anniversary of The Meadows, we do so with deep gratitude for the patients, families, clinicians, team members, and partners who have shaped our legacy," said Kate Renwick-Espinosa Meadows, CEO. "For five decades, our purpose has been to change lives forever, and we remain committed to leading behavioral healthcare forward with integrity, compassion, and hope."

Throughout 2026, The Meadows will commemorate its 50th anniversary with a series of events and community gatherings across the country, including an in-person celebration at its Meadows Outpatient Center in Scottsdale welcoming alumni, loved ones, current and former staff, referents, and community partners. Additional details will be shared in the coming months.

#### About Meadows Behavioral Healthcare

Meadows Behavioral Healthcare (MBH) is a national network of specialized behavioral healthcare programs, individualized addiction recovery centers, and acute psychiatric care centers. Learn more at [TheMeadows.com](http://TheMeadows.com) or call 800-244-4949.

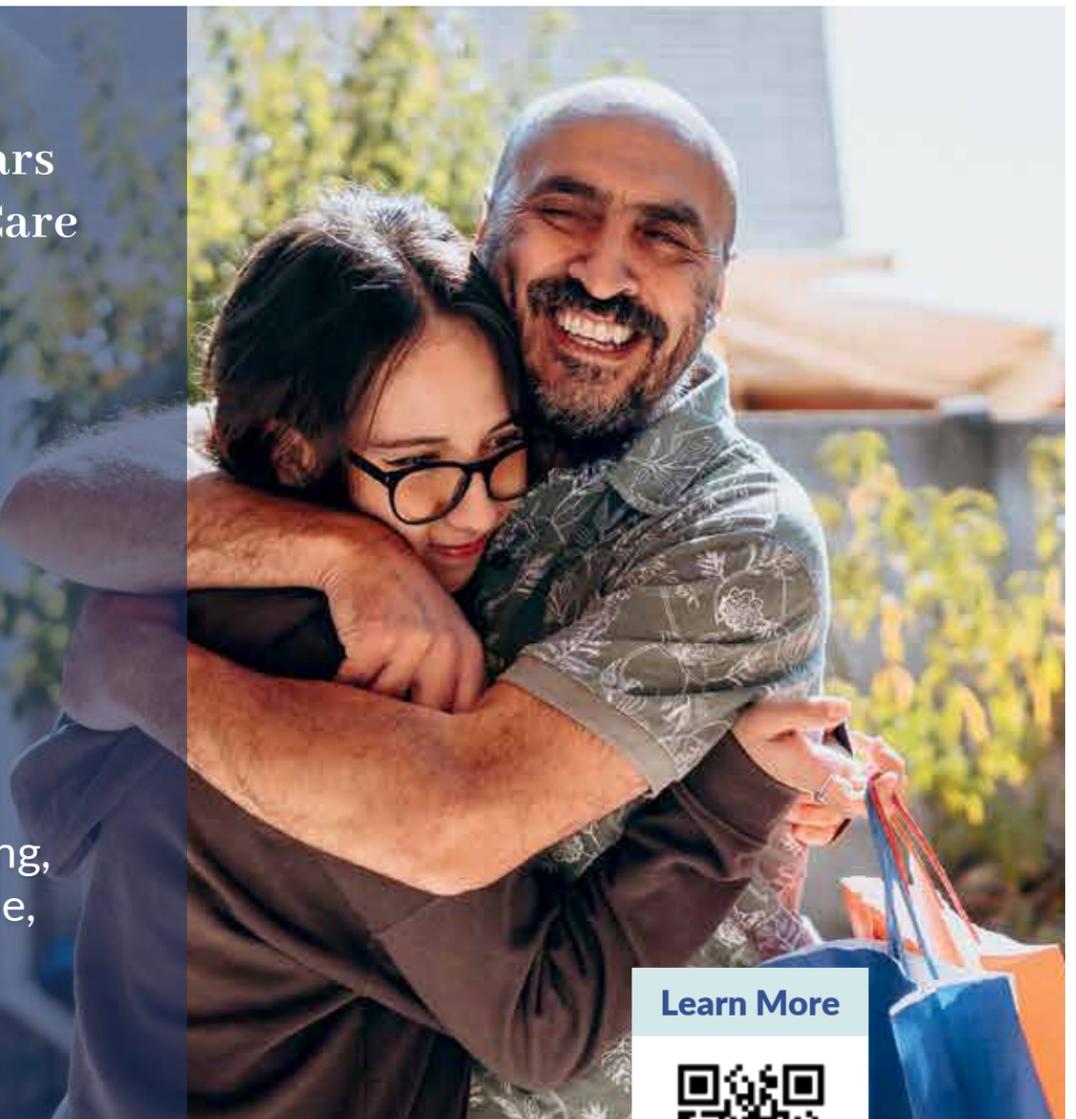


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— Meadows Alumni

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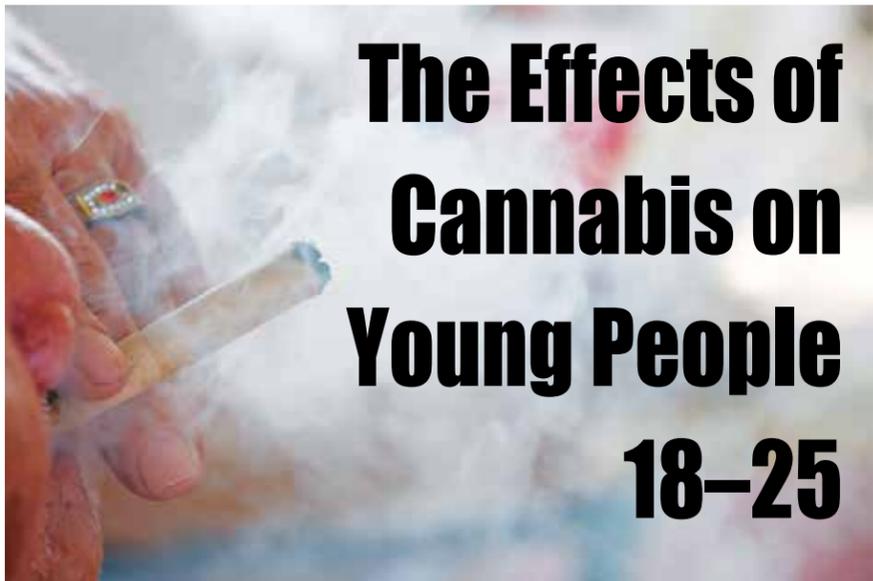
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By Amy Tilley, PsyD

In addition to Alcohol, April is also National Cannabis Awareness Month. Cannabis use has become increasingly common among young adults, especially as legalization spreads across many regions. While some individuals view cannabis as relatively harmless, research shows that its use — particularly during late adolescence and early adulthood can have significant mental, physical, emotional, and spiritual effects. Young people between the ages of 18–25 are especially vulnerable to its effects because the brain is still developing during this period of maturation.

### Mental Effects

One of the most widely studied impacts of cannabis on young people involves cognitive and psychological functioning. Cannabis affects the brain’s endocannabinoid system, which plays a key role in maintaining the body’s homeostasis, regulating sleep, mood, pain, appetite, memory, and decision-making.

Studies have found frequent cannabis use in adolescents and young adults is associated with reduced cognitive functioning, including difficulties with memory, attention, and executive function. ([www.jamanetwork.com](http://www.jamanetwork.com)) The brain continues to mature into the mid-twenties, not fully developing the frontal lobe until around age 26. Cannabis exposure during this stage may interfere with normal neurological development, leading to difficulties in academic performance, reduced concentration, and impaired problem-solving abilities.

Mental health in young people can also be affected by cannabis use. Young people who use cannabis can be at risk for increased psychosis, depression, anxiety, and bipolar disorder. If the young person already has a mental illness, the use of cannabis may exacerbate the disorder.

### Physical and Emotional Effects

Cannabis can also affect physical health. Smoking or vaping cannabis exposes the lungs to irritants that may cause coughing, bronchial irritation, and decreased respiratory function. Additionally, cannabis can impair coordination and reaction time, increasing the risk of accidents or injuries. Cannabis related DUIs are on the rise in recent years, due to the legalization of the drug. Dependence can develop at any time; however, young people may be more

vulnerable to physical dependency due to peer pressure from friends, and the easier access to cannabis, now that it is legalized in many states.

Cannabis can also impact emotional well-being. While some young people may experience temporary feelings of relaxation or euphoria, cannabis may also contribute to mood instability, anxiety, or paranoia in some individuals. Young people who regularly use cannabis may experience decreased motivation, which can present as reduced interest in goals, academic work, or social responsibilities. Emotional regulation may also become more difficult, contributing to mood swings or irritability when not using the drug, a possible sign of withdrawal.

### Cannabis-Induced Psychosis

One of the most serious potential consequences of cannabis use in young adults is cannabis-induced psychosis. Psychosis involves a loss of contact with reality and may include hallucinations, delusions, and disorganized thinking. Cannabis use—especially frequent or high-potency use—can trigger psychotic episodes in some individuals. Cannabis-induced psychosis may appear suddenly, often during or shortly after cannabis use. Symptoms can include hearing voices, intense paranoia, believing in false ideas, sudden mood shifts, or feeling detached from reality. I have seen a few cases where the young person has intense thoughts of suicide and is hospitalized as a result. Some cases resolve after the drug leaves the body, others may progress into longer-term psychiatric disorders such as schizophrenia, particularly in individuals with genetic or psychological predisposition.

### Spiritual and Identity Effects

Beyond mental and physical health, cannabis can also influence spiritual development and personal identity. Many young adults are trying to find their purpose in life, figure out what they want to be when they grow up, and what they value in life. Frequent cannabis use may alter their perception, emotional awareness, and motivation in ways that affect spiritual growth. Some individuals report feeling more introspective or reflective while using cannabis, but others may experience detachment, confusion about identity, or reduced engagement in meaningful activities. Dependence on substances for coping or relaxation may interfere with the development of healthy coping skills, personal discipline, and being their authentic self.

### Getting Help

Cannabis can influence mental health, cognitive function, physical health, emotional regulation, and even spiritual development, just as any other mind-altering drug can. One of the most concerning risks is cannabis-induced psychosis, which may trigger severe psychiatric symptoms and increase the likelihood of long-term mental illness. Understanding the potential effects of cannabis use on young people is critical to early intervention and treatment.

Individual therapy, intensive outpatient and partial hospitalization programs, and residential treatment are all options for young people who want to be in recovery from any mind-altering substance. Pairing treatment with psychiatric care can be an effective way to help reduce cravings and manage symptoms associated with a mental illness.

If you are struggling with cannabis dependency, or dependence on another mind-altering substance, help is available. Check out local resources in your community to get started on your recovery journey today.

Amy Tilley, PsyD. has 20 years in the mental health and addiction recovery field. Her clinical interests include working with young adults and adults diagnosed with co-occurring conditions.

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# The Family Recovery Gap: When Someone You Love Struggles, Where Do You Go?

By Kim Humphrey, CEO/ Executive Director, Parents of Addicted Loved Ones

If you've ever loved someone caught in addiction, you know the strange rhythm it can create in a family. You learn to keep your phone on loud at night. You replay conversations in your head—what you said, what you should have said, what you shouldn't have said. You watch for signs: a slurred word, a missed appointment, an unread text. You start living in a state of constant readiness, as if the next crisis is always just around the corner. And somewhere in that survival mode, one question starts to haunt you:

## Am I helping... or am I making it worse?

Most people understand that addiction affects the individual using substances. What fewer people talk about is what happens to the family—especially parents, spouses, and loved ones trying desperately to do the right thing. Families can become exhausted, overwhelmed, and isolated, often carrying fear and shame that keeps them silent. That silence is one of the biggest gaps in our community response to substance addiction: we focus on the person struggling, but we forget the people who love them.

## The part no one prepares you for

When addiction touches a family, it doesn't arrive with a handbook. It arrives with confusion. Some days you feel strong and determined. Other days you feel like you're barely holding it together. You might be pouring energy into "solutions" that seem logical—giving money for gas, paying a bill "one last time," making calls, smoothing things over, rescuing again and again—only to find yourself back in the same place weeks later.

Many families eventually realize they don't just need hope. They need skills. They need support. They need a place where they can tell the truth without being judged.

## A different kind of support exists

Parents of Addicted Loved Ones (PAL) exists because families need support too. PAL provides a confidential, safe place where families can talk honestly about what they're facing and learn practical steps forward.

PAL meetings are **free**, and they combine two things families often can't find in the same place:

- 1. Weekly education** built from **evidence-based practices** written by counselors specializing in addiction and recovery, and

- 2. Peer-to-peer support**—people who understand because they've lived it.

This matters because families often feel pressured to "perform" in public—like they should have answers, like they should be strong, like they shouldn't be struggling. In a PAL meeting, families don't have to pretend.

As a volunteer facilitator for nearly 14 years and now as the CEO/Executive Director of PAL, I see so often people come in feeling there is no hope, and sometimes they can't even find the words for what they're going through. However, as they attend the meetings they are surrounded by support and it's amazing to see the transformation as they find the courage to find a path forward.

## Why focusing on the family changes everything

Here's one of the hardest truths: you may not be able to control whether your loved one chooses recovery. But you can control how you respond.

And that shift—moving from fear-driven reacting to healthier responding—can change a household. I learned this first hand and for me and others you see that they can begin to regain their life – to even be able to sleep again. They reconnect with friends. They stop being consumed by the crisis. They learn boundaries that protect both love and dignity.

*PAL's approach is rooted in the idea that addiction impacts the whole family—and that when families learn healthier ways to respond, everyone's chances improve.*

## Three small steps families can take right now

If you're reading this and you're in the middle of it, here are three gentle starting points:

### 1) Stop trying to do it alone.

Isolation is gasoline on fear. Find one safe place—one trusted person, group like PAL, where you can speak honestly.

### 2) Trade "fixing" for learning.

Families often jump straight into action. But without tools, action becomes exhausting. Education helps you recognize patterns like enabling, over-functioning, and "rescuing" that can unintentionally keep the cycle going.

### 3) Put your own oxygen mask on first.

This isn't selfish. It's survival. When families have support, they're more able to respond with clarity instead of panic.

## What PAL is (and what it isn't)

- PAL is not a rehab. It's not therapy. It's not a place to shame your loved one or yourself. It is a place to be reminded you're not crazy, you're not alone, and you can learn a healthier way to live—even while loving someone who is struggling.
- PAL began in Arizona and was officially formed as a nonprofit in 2015, though its roots go back earlier.
- Today, PAL offers meetings across most states and provides national online options, making it accessible for families who may not have a local resource nearby.
- PAL welcomes parents and spouses, and also other sober family members and friends (18+) who are walking alongside someone they love.

## If this is your family...

If someone you love is struggling, you don't have to carry it in silence. There is a community that understands, and there are tools that can help you breathe again.

To learn more about PAL and find a meeting near you, visit [palgroup.org/meeting-finder](http://palgroup.org/meeting-finder). If you would like information on how you can support PAL, please reach out at [info@palgroup.org](mailto:info@palgroup.org)



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## 35 Years from page 1

After rehab treatment in Virginia, with \$200 dollars to his name, two suitcases and a plane ticket, Bill moved into a men's halfway house in Arizona, determined to start over. "He had to get a job. He didn't have a car, and he didn't have any money," Barbara remembers. "He did have an ego though, which was about to be smashed," she jokes.

But he picked himself up and was convinced he could help people. He started the publication in 1991 intent on serving his community. Barbara calls recovery meetings her lifeline, still after 36 years of sobriety, and that's how she met Bill — at a meeting. In his circles, he was simply known as "Publisher Bill," and when she met him, she was smitten from day one.

"I was in love with him as soon as I saw him. I wanted to marry him. Referring to the publication, with a big smile, I said to him I could do a better job designing it," and given her extensive magazine background, she wasn't kidding.

Their first date was June 18, 1994. They were married eight months later in Maui. "He had a twinkle in his eye that made people feel welcomed and heard. And there was an aura about him. He was a dapper gentleman who dressed incredibly. He had integrity and he was chivalrous."

He was also known for being prepared for anything. Besides his golf clubs, he had stacks of the AA Big Book in his trunk, just in case someone needed one. "You never know who you're going to meet, and they might need a book... if some guy said, 'Oh, I can't afford it,' Bill had one. That's definitely what this publication was about for him, he loved being of service."

Bill was diagnosed with throat cancer in 2007, but as his health declined, his reverence for service did not. "I think it's really important to say, up until the day he died, he was in gratitude for everything he had in life and in his recovery. He was still sponsoring guys; they'd even hold meetings in his hospital room."

Bill battled for three years and passed away peacefully on the evening of April 22, 2010. In true Bill fashion, on the night he died, he asked Barbara to book them a tee time at Pebble Beach for the following month. "I believe he knew he was 'going.' He said that for me."

Upon leaving his room that night, she felt something pull her back in. "I turned around, went back into his room and gave him a kiss, and said, 'I love you.' And he was smiling with that twinkle in his eyes."

Grief came in waves, but Barbara refused to take a break or put the publication on hiatus. She published the May edition just weeks later. "I never missed an issue. I had to do that for him. The paper was my closest connection to Bill. I don't know how I did it, but I did it."

Now, as *Together AZ* turns 35, its pages hold more than articles. They hold a marriage forged in recovery, a man who loved being of service, and a woman who refused to let the mission fade.

Month after month, she continues to plant seeds, trusting that somewhere, someone will pick up the paper and feel a little less alone and a little more connected, comforted and supported.

## Memories of Bill Brown

"What a privilege to share my initial meeting with Bill in July of 1989. I met him in a program and found him to be hungry for sobriety. He never hesitated sharing his own experience with others. And Bill had an idea — which we all know has come to fruition — to develop and distribute a newspaper dedicated to recovery. He met with innovative individuals willing to contribute to the paper by sharing their personal recovery experiences which offered strength and hope to others. Bill's intention was to reach as many people and places as he could to distribute the paper, and he drove to every meeting, any and everywhere he could attend. His sense of humor will always be the first thing I remember about him, and the smile in his eyes when he spoke about his personal journey. Bill honored everyone he enlisted in his dream and was grateful for all of us who were part of his story. He will forever be missed by me and many others. In loving memory." — *Bobbe McGinley*

"I moved to Arizona as an Outpatient Director in April 1991 around the same time that Bill published the very first edition of *Recovery Together*. I have fond memories of both Bill and Barb and what a wonderful publication it has been for thousands and thousands of people!" — *Jim Corrington*



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"Before the first printing of *Recovery Together*, I had met Bill Brown. He had a fierce determination to publish a recovery oriented monthly newspaper in the Phoenix area. Gifts Anon was one of his first advertisers and we have continued to support the newspaper ever since. Despite several down cycles in the economy over the years, Bill kept the newspaper going by keeping in touch with the recovery community and local recovery news and events. The recovery community lost a significant advocate when Bill died.

Barbara has continued to maintain his high standards with her dedication to this publication.

— *Marilyn Rollins, Gifts Anon Bookstore*



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# Rethinking Alcohol's Role in Our Lives

## Healthier Ways to Socialize, Relax, and Celebrate

By Ramsen Kasha, MBA, MS, LPC

**Alcohol Awareness Month** offers an opportunity to examine the role alcohol has played in our culture and in our personal routines. For many entering recovery, alcohol was not just a substance, it also served a purpose. It helped smooth social interactions, take the edge off stress, and mark celebrations or milestones. Recognizing the functions alcohol served is a meaningful clinical step, because recovery is not just about abstinence. It's about finding healthier ways to meet those underlying needs.

### Alcohol as a Social Shortcut

In many environments, alcohol is treated as the default social activity. Happy hours, weddings, sporting events, and even casual meet ups revolve around drinking. For some, alcohol lowers social anxiety and makes conversation feel easier, creating a quick sense of connection. As people move further along in recovery, they notice that alcohol was not creating connection, just lowering inhibitions. Authentic connection often improves without it. Conversations become clearer, boundaries are easier to maintain, and people are more present with one another.

To rebuild social routines, shifting the focus from drinking to shared experiences can make a significant difference. Activity based gatherings; like hiking, live music, game nights, creative workshops, or coffee meetups, can foster connection in ways that are more sustainable.

### Alcohol and the Illusion of Relaxation

Another common role alcohol plays is as a coping strategy for stress. Many associate a drink at the end of the day with unwinding. Physiologically, alcohol does slow neurological processes, which can create a short-lived sense of calm. The problem, as we know, is that it is temporary. Alcohol disrupts sleep cycles, contributes to next-day anxiety, and over time can interfere with the nervous system's ability to regulate stress naturally.

One of the central tasks in recovery is rebuilding the body's capacity to regulate itself. That process usually involves learning and practicing new ways to discharge stress and restore balance. Movement such as walking or yoga can help regulate the nervous system. Mindfulness practices and breath work can reduce physiological arousal. Creative outlets like writing, music, or drawing can provide constructive channels for emotional expression.



iStock Credit: jrwasserman

*"Recovery anniversaries themselves often become powerful rituals, highlighting growth, resilience, and community support."*

At Sahara Wellness Center, we incorporate daily recreational therapies for this reason. Structured opportunities for yoga, art, and music allow individuals to experiment with different forms of stress regulation while still in a supportive environment. For many, these experiences become the first tangible examples that relaxation does not have to come from numbing the experience out but by engaging the mind and body in healthier ways. Also, having daily groups that include music, art, and collaborative activities gives clients a safe space to practice social engagement without needing a social lubricant. People can rediscover that connection can come from shared experiences rather than substances.

### Alcohol in Celebration and Ritual

Alcohol carries symbolic weight in our culture. Toasts at weddings, champagne on New Year's Eve, drinks during holidays, and celebratory rounds at birthdays can make it seem like alcohol is inseparable from marking milestones. But the real purpose of these rituals is connection. Alcohol becomes the symbol of celebration, even though the significance of the event comes from the people and experiences involved.

In recovery, many begin experimenting with new ways of marking milestones. Celebrations may center on shared meals, storytelling, music, or intentional reflection. Recovery anniversaries themselves often become powerful rituals, highlighting growth, resilience, and community support.

### Shifting Cultural Expectations

Stepping away from alcohol-centered norms can feel uncomfortable at first. Social expectations are powerful, and declining a drink can sometimes feel like stepping outside the script. However, some cultural attitudes toward alcohol are shifting. Conversations about mental health, recovery, and wellness are becoming more open. For individuals in recovery, building new routines isn't about deprivation. It's about developing a lifestyle that supports clarity, emotional regulation, and genuine connection.

### A Different Way Forward

One of the more meaningful insights that emerges in recovery is that alcohol never truly delivered what we were seeking from it. Connection comes from relationships. Relaxation comes from caring for the nervous system. Celebration comes from shared meaning.

Alcohol Awareness Month invites us to look closer at these patterns. When we understand the roles alcohol played, we can begin to replace them with healthier practices that actually support long-term well-being. Recovery is not just the removal of alcohol. It is the gradual process of building a life that feels engaging, balanced, and connected, rediscovering along the way that activities like movement, creativity, and shared experiences can provide far more than alcohol ever did.

Ramsen Kasha, MBA, MS, LPC, has been in the field of addiction treatment and mental health since 2000. He is Chief Clinical Officer at Sahara Wellness Center. Visit <https://saharabehavioralhealth.com/sahara-wellness-center>



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## EMBRACING HOPE from page 1

experience multiple incidents) often leads to PTSD, burnout, and hypervigilance. Add irregular shifts that destroy healthy sleep, a department culture that sometimes equates “toughness” with silence, and, for EMS personnel, easy access to medications, and the path to self-medication becomes heartbreakingly clear. Yet these same traits that make first responders extraordinary—their discipline, loyalty, and deep sense of purpose—are exactly what fuel remarkable recoveries when support is embraced.

In my own experience as a former U.S. Navy officer working in medicine and mental health, I witnessed this struggle and its healing firsthand. Military medicine often mirrors the high-stakes world of civilian first response: long deployments, life-or-death decisions, and the emotional toll of caring for the wounded while pushing personal pain aside. I saw service members — many of whom later became or had been first responders in their communities—grappling with the same invisible wounds. What moved me most was the profound transformation that occurred when they accessed integrated care.

Through structured programs addressing both substance use and underlying trauma, I watched individuals reclaim their lives. Families were restored. Sleep returned. Purpose reignited. Men and women who once felt broken found strength not in isolation but in evidence-based therapy, peer support, and medical guidance that honored their service. The benefits were tangible: clearer minds, stronger relationships, and the ability to continue protecting others or transition into new chapters with dignity and joy. Those experiences left me certain that healing is not only possible—it is the most courageous choice a hero can make.

### Recognizing the signs can be the first gentle step toward help

Perhaps alcohol has become the only way to unwind after a brutal shift. Maybe prescription pain medication taken for a line-of-duty injury now feels impossible to stop. Mood swings, irritability, withdrawal from family, or showing up to calls with a lingering haze may appear. Neglecting responsibilities or feeling unable to cut back are common red flags. None of these make someone weak or unfit for duty; they are normal responses to extraordinary stress. The important truth is that early intervention prevents escalation and protects both the responder and the community they serve.

Thankfully, specialized help designed with first responders in mind is abundant and deeply effective. Programs understand the culture of confidentiality, the fear of losing credentials or promotions, and the need for trauma-informed care that treats PTSD and substance use together.

“ Through structured programs addressing both substance use and underlying trauma, I watched individuals reclaim their lives. Families were restored. Sleep returned. Purpose reignited.”

Nationwide resources include:

- The **SAMHSA National Helpline at 1-800-662-HELP (4357)**—free, confidential, 24/7 referrals to local treatment.

- **The 988 Suicide & Crisis Lifeline**, which also supports substance-related distress.

- **“Unbroken: Protecting the Protectors”** at The Meadows in Arizona and Texas is a residential substance and PTSD program specifically for first responders, military veterans, and families of first responders and veterans. This program “speaks the language” of this special population and has programming geared toward the needs of this demographic. Having strong clinical rapport/cultural competence is essential to beginning the healing journey for first responders.

Many departments now offer confidential Employee Assistance Programs (EAPs) and peer-support teams trained to meet colleagues where they are—without judgment. At **Unbroken @ The Meadows**, treatment typically includes cognitive behavioral therapy, EMDR and a 5-day intensive trauma workshop, group sessions with fellow responders, family counseling, and medication-assisted options when appropriate. Success stories abound: responders who complete these programs often return to full duty stronger, with better coping tools and renewed passion for service. One thing I learned in Navy medicine and that rings true across programs today: **when treatment respects the badge, healing happens faster and lasts longer.**

If you or someone you love is carrying this burden, please hear this: seeking help is not a career-ender—it is a life-affirmer. It is the same bravery you show every shift, now turned inward to protect the person who protects everyone else. You have already carried more than most can imagine; you do not have to carry it alone anymore. Departments across the country are shifting toward wellness because they know healthy responders save more lives—including their own.

**To every firefighter, officer, paramedic, and dispatcher reading this: your community is grateful for your service, and we are here for your healing.** Reach out today. Call a hotline, talk to your peer support coordinator, or contact one of the specialized programs listed. The same strength that defines your calling can now guide you home to wholeness. There is light ahead, help is ready, and recovery is waiting with open arms. You deserve it. We all do.

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### Meet Bill Reynolds

Bill Reynolds is a former Naval Officer with 30 years of service and experience within Navy Medicine. He is a Physician Assistant with a certification in psychiatry and is currently the director of “Unbroken”, the first responder and veteran program at The Meadows. He served in the Navy on a wide variety of operational platforms from the submarine services, serving in Iraq with the USMC, as well as medical officer for a US Navy SEAL detachment. He is passionate about serving the first responder and veteran population and has seen firsthand the power of recovery from mental health and addiction. Since leaving the Navy in 2012, he has served thousands of veterans and first responders.



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# From the Mat

## April Reset: Recovery, Routine, Staying Present

By Alexandra Daffner, <https://spirituallyfitco-op.com>

April tends to bring a shift—longer days, warmer mornings, and a subtle sense that things are starting to move again. In recovery, that shift can feel familiar. Not because everything suddenly gets easier, but because you start noticing small changes: a little more energy, a clearer head, a moment of calm where there used to be chaos.

*Recovery is built in those moments.*



It's not always about big breakthroughs. More often, it's about consistency—doing the next right thing, even when it feels repetitive. That's where practices like yoga and mindfulness come in. They're not quick fixes, but they do create structure, awareness, and space to actually feel what's going on without immediately reacting.

Yoga, especially in a trauma-informed setting like Spiritually Fit

Studio, isn't about performance. It's about reconnecting. A lot of people in recovery have spent time disconnected from their bodies—either numbing out or pushing through discomfort. Slowing down, noticing your breath, and moving intentionally can feel unfamiliar at first, but it builds trust over time.

And it doesn't have to be complicated. A few minutes of stretching in the morning, a short walk outside, or even just sitting and focusing on your breath can make a difference. The goal isn't to "do it perfectly." The goal is to show up.

Mindfulness works the same way. It's not about clearing your mind or becoming instantly calm. It's about paying attention—on purpose—to what's



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happening right now. That might be your thoughts racing, your body feeling tense, or your mood shifting throughout the day. Instead of trying to push those experiences away, mindfulness helps you notice them without immediately acting on them.

*That pause matters.*

April is a good time to practice this in real life, not just on a yoga mat. When you're outside, notice what's around you—the temperature, the light, the sounds. When you're eating, actually taste your food. When you feel triggered or overwhelmed, see if you can take one breath before responding. These are small shifts, but they add up.

It's also worth remembering that progress in recovery isn't linear—just like spring doesn't arrive all at once. Some days will feel productive and grounded. Others might feel heavy or frustrating. That doesn't mean you're going backward. It just means you're in the process.

Being in spaces that support that process can make a difference. Whether it's a class, a meeting, or a community like at the Studio, having somewhere you can show up as you are—without pressure—helps reinforce consistency. And consistency is what builds change over time.

If April feels like a reset, you don't need to overhaul everything. Start small. Keep it realistic. Focus on what you can do today—one breath, one stretch, one decision at a time.

*That's how momentum builds.*

## DID YOU KNOW?

In 2026, the alcohol industry is experiencing a structural decline in consumption, driven by Gen Z moderation and health-conscious choices.

While ready-to-drink (RTD) cocktails see growth, overall volume is down in major markets, with more drinkers actively cutting back. Key trends include Dry January adoption and non-alcoholic alternatives.

### Key 2026 Alcohol Statistics & Trends:

**Consumption Shifts:** Alcohol consumption is declining structurally across the US, UK, and Europe, not merely as a short-term trend.

**Declining Youth Drinking:** Alcohol consumption among young adults (21-29) has dropped to ~50% in 2026, down from nearly 60% in 2023, according to Gallup News.

**Dry January Participation:** Over 25% of U.S. alcohol buyers planned to participate in Dry January in 2026, with 43% being first-time participants.

(SOURCE Gallup <https://news.gallup.com/poll/693362/drinking-rate-new-low-alcohol-concerns-surge.aspx>)



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# Bill Brown — Staunch Supporter of ALL KINDS of RECOVERY

By Dr. Marlo Archer

I moved to the Valley right around Y2K and started attending networking events to make connections to help me launch my psychology practice. Bill & Barbara Brown were among the first to introduce themselves and welcome me to the recovery-support community. They also instantly loaded me up with a stack of newspapers sufficient to lavish each of my few clients with at least 3 copies.



2009- Celebrating Marlo's Miraculous Recovery from Motorcycle Accident  
Bill, Marlo, Barbara, Sarah Jenkins, Bryon Sabatino

Nurturing my professional development, while respecting my lack of much professional income, this newspaper and its generous publishers gave me the opportunity to get exposure, offer professional tips, and serve the recovery community by writing monthly articles that would appear with my photo. I felt like such a grown-up!

When they started the Art of Recovery Expo, mine was not the sort of business that was sophisticated enough to “table” at an event, but the Browns encouraged us to join in the fun anyhow. My husband & I ordered prom decorations for our booth and children’s plastic birthday party favors to give away and we had a blast! Those early expos were like a 12-Step Meeting, a Circus, a Family Reunion, a Probation Office, an Art Studio, Trick-or-Treat, a Convention, a Playground, and a Music Festival, all rolled into one.

The year we did a Mardi Gras theme, we shouted, “Show us Your Chips!” and the bigger the number on your chip, the bigger beads you got. Needless to say, Bill Brown walked away with the largest, longest, finest strand of metallic pearls we had on hand.

My husband and I participated in every Art of Recovery Expo together until I got hit by a car while driving my motorcycle. That year, Jon participated alone, taking large photo boards that were signed for me by expo attendees, wishing me a speedy recovery. The following year, I set up and worked our booth alone while Jon was in Minnesota for his mother’s final months. Later that year, Bill & Barbara attended the recovery party I had begun planning for myself 18 months prior when I was in the ICU, fighting for my life, and I needed something on which to focus. They supported my accident recovery, our grief process, and our ongoing abstinence from a handful of addictive substances / processes.

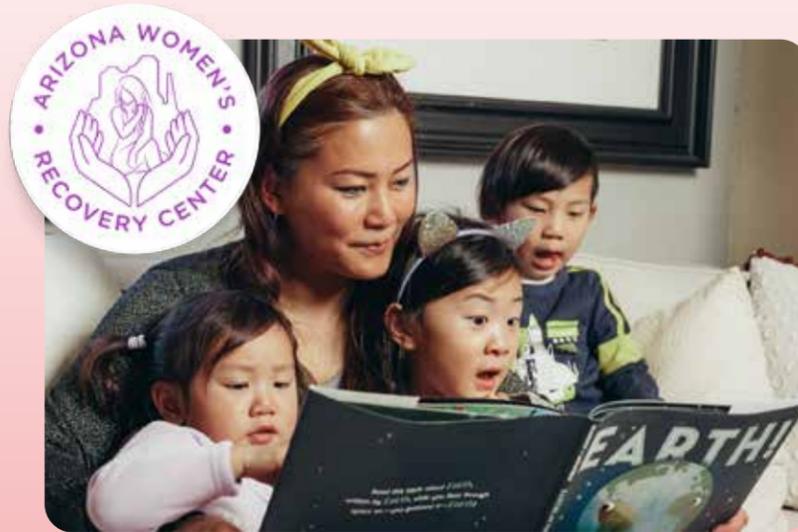
When Bill passed away, we adopted the 90-in-90 idea and sent Barbara 90 postal messages in 90 days, knowing that Bill would want for her to recover and continue her life, her sobriety, and the paper. And, here we are now, a 35-year anniversary for this publication that has, no doubt, accompanied many through dark hours and helped usher thousands to their next sunny day.



Congratulations *Together AZ* Newspaper and Kudos to Barbara Brown, Publisher, and all those who have contributed over these past three and a half decades!!!

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# Understanding the Dangers of Alcohol Overdose

Celebrating at parties, cheering a favorite sports team, and enjoying get-togethers after work are common ways to relax or be with friends. For some people, these occasions may also include drinking—even binge or high-intensity drinking. And when that happens, the results can be deadly.

Drinking too much and too quickly can lead to significant impairments in motor coordination, decision-making, impulse control, and other functions, increasing the risk of harm. Continuing to drink despite clear signs of significant impairments can result in an alcohol overdose, which is sometimes referred to as alcohol poisoning.

## What Is an Alcohol Overdose?

An alcohol overdose occurs when there is so much alcohol in the bloodstream that areas of the brain controlling basic life-support functions—such as breathing, heart rate, and temperature control—begin to shut down. Symptoms of alcohol overdose include mental confusion, difficulty remaining conscious, vomiting, seizures, trouble breathing, slow heart rate, clammy skin, dulled responses (such as no gag reflex, which prevents choking), and extremely low body temperature. Alcohol overdose can lead to permanent brain damage or death.

What tips the balance from drinking that produces impairment to drinking that puts one's life in jeopardy varies among individuals. Age, sensitivity to alcohol (tolerance), sex, speed of drinking, medications you are taking, and amount of food eaten can all be factors.

Alcohol use and taking opioids or sedative hypnotics, such as sleep and anti-anxiety medications, can increase your risk of an overdose. Examples of these medications include sleep aids, such as zolpidem and eszopiclone, and benzodiazepines, such as diazepam and alprazolam. Even drinking alcohol while taking over-the-counter antihistamines can be dangerous.

Using alcohol with opioid pain relievers, such as oxycodone and morphine, or illicit opioids, such as heroin, is also a very dangerous combination. Like



iStock Credit:aaron007

alcohol, these drugs suppress areas in the brain that control vital functions such as breathing. Ingesting alcohol and other drugs together intensifies their individual effects and could produce an overdose with even moderate amounts of alcohol.

## Who May Be at Risk?

Anyone who consumes too much alcohol too quickly may be in danger of an alcohol overdose. This is especially true of individuals who engage in binge drinking or high-intensity drinking. The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08%—or 0.08 grams of alcohol per deciliter—or higher. Teenagers and young adults who drink may be at particular risk for alcohol overdose. Research shows that teens and college-age young adults often engage in binge drinking and high-intensity drinking. Drinking such large quantities of alcohol can overwhelm the body's ability to break down and clear alcohol from the bloodstream. This leads to rapid increases in BAC and significantly impairs brain and other bodily functions.

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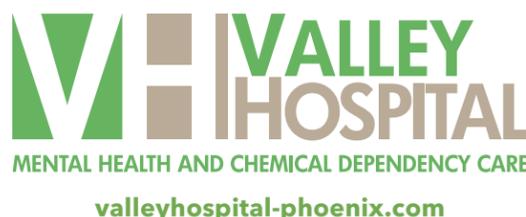
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## Critical Signs and Symptoms of an Alcohol Overdose

- Mental confusion, stupor
- Difficulty remaining conscious, or inability to wake up
- Vomiting
- Seizures
- Slow breathing (fewer than 8 breaths per minute)
- Irregular breathing (10 seconds or more between breaths)
- Slow heart rate
- Clammy skin
- Dulled responses, such as no gag reflex (which prevents choking)
- Extremely low body temperature, bluish skin color, or paleness.

## Know the Danger Signs and Act Quickly

Know the danger signals, and if you suspect that someone has an alcohol overdose, call 911 for help immediately. Do not wait for the person to have all the symptoms, and be aware that a person who has passed out can die. Don't play doctor—cold showers, hot coffee, and walking do not reverse the effects of alcohol overdose and could actually make things worse.

(Source: <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-dangers-of-alcohol-overdose>)

# A Project with Purpose: BE KIND Brings Drug Prevention to Mesa Schools

By Ethan Neal

For years, **The Be Kind People Project** has stepped onto elementary school stages with a simple message: choose kindness. But now, for the first time, the Arizona nonprofit is bringing a new message to Mesa students, one focused on awareness, resilience, and the dangers of opioids.

Backed by new funding, the organization is launching the **“Be Aware. Be Strong. Be Healthy. Mesa”** campaign in elementary schools and select junior high campuses, expanding its mission from bullying prevention to drug awareness.



Founded in Arizona by Marcia Myers, The Be Kind People Project delivers high-energy school assemblies and on-campus programs designed to teach students empathy, inclusion and personal responsibility. The nonprofit is known for its interactive presentations and campus initiatives like its signature Buddy Benches, which encourage connection and provide students with a visible way to signal when they need a friend.

Now, Mesa city leaders are partnering with the organization to expand that mission into opioid prevention.

“What we have contracted with [The Be Kind People Project] to do is help with opioid addiction within our community,” Mesa Mayor Mark Freeman said during the program’s announcement. “So we figured the best group to target is young people, our junior high- and high school-aged students.”

He added that they are among the most susceptible to addiction. “They may go to a party or event and be given a pill or drink. They may not know what it is, but if we can raise awareness of that, then we can prevent addiction issues in the future.”

Since 2018, Mesa Fire and Medical has responded to more than 960 suspected opioid overdose incidents involving youth and young adults. According to a city of Mesa press release, the 2024 Arizona Youth Survey, found that more than half of local teens reported not recalling any public messaging about fentanyl dangers, while one in three had never discussed opioid risks with a parent or guardian.

BE KIND will take a multi-pronged approach to reach students through both traditional and modern platforms. In addition to its live elementary school performances, BE KIND will launch social media channels designed to engage middle school students and provide awareness resources for families.

“Maricopa County recorded one of the highest numbers of fatal overdoses, underscoring the urgency for local action,” says Executive Director of The Be Kind People Project, Julia Carlberg. “In hotspot communities like ours, school-based prevention must be prioritized.”

BE KIND is embracing a proactive prevention model rooted in transparency and early education, replacing silence with age-appropriate conversations about drugs and their risks.

“When kids feel connected, supported and equipped to manage stress, they’re significantly less likely to turn to substances,” says Carlberg.



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That philosophy is reflected in strategies such as “One Pill Can Kill” messaging, which focuses on peer pressure and resisting drugs. It will also teach students how to spot fake pills.

“The messaging that we are trying to get out there for the city of Mesa is to help people understand that the drug environment has to change,” says Carlberg

All of this is made possible by a new Mesa community education and outreach grant, which awarded The Be Kind People Project just over \$500,000. This allows The Be Kind People Project to integrate their programming into the schools directly as well as online.

“All of the schools in Mesa, the entire district, will be receiving public service announcements through the Canvas education app,” explains BE KIND’s Chief Operating and Programs Officer, Jessica Britt. “These will serve as lessons students can complete throughout the school year.”

BE KIND is also prioritizing two prevention areas: communication with parents and naloxone preparedness, an over-the-counter nasal spray that reverses opioid overdoses.

“Research shows teens are 83% less likely to misuse pills when parents talk early and often,” says Carlberg. “Families do not need to be experts. They simply need to start the conversation.”

By meeting students where they are, in schools and online, the nonprofit says its goal is to help young people make safe choices and prevent tragedy before it starts.

To learn more visit [www.TheBeKindPeopleProject.org](http://www.TheBeKindPeopleProject.org) or  
[www.behealthymesa.org](http://www.behealthymesa.org)



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## For Young People Looking for Help

Mental health problems don't only affect adults. Children, teenagers, and young adults can have mental health problems, too. In fact, 3 out of 4 people with mental health problems showed signs before they were 24-years-old.

### What Does “Mental Health Problem” Mean?

Are you having trouble doing the things you like to do or need to do because of how you feel—like going to school, work, or hanging out with friends?

Are you having a rough day? Have you been feeling down for a while? Everyone goes through tough times, and no matter how long you've had something on your mind, it's important that you talk to someone about it.

Talk to your parent, guardian, or a trusted adult if you experience any of these things:

- Changes in appetite or sleep patterns
- Can't perform daily tasks like going to school
- Don't want to hang out with your friends or family
- Don't want to do things you usually enjoy
- Fight a lot with family and friends
- Can't control your emotions, and it's affecting your relationships with your family and friends
- Have low or no energy, or feel hopeless
- Feel numb or like nothing matters
- Can't stop thinking about certain things or memories
- Feel confused, forgetful, edgy, angry, upset, worried, or scared

- Want to harm yourself or others
- Have random aches and pains
- Smoke or drink excessively
- Hear voices

If you, or someone you know, needs help with a mental or substance use disorder, call SAMHSA's National Helpline at 1-800-662-HELP (4357) or TTY: 1-800-487-4889, or text your zip code to 435748 (HELP4U), or use SAMHSA's Behavioral Health Treatment Services Locator to get help.

(Source: <https://www.samhsa.gov/mental-health/children-and-families/young-adults>)

<https://www.takedowntobacco.org/resources>

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# Resources & Support

: Suicide Crisis  
: **988**

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Axiom Care	602-782-9500	axiomcareofaz.com
CBI, Inc.	877-931-9142	communitybridgesinc.org
Copper Springs	480-418-4367	coppersprings.com
The Crossroads	602-263-5242	thecrossroadsinc.org
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NorthSight Recovery	833-787-9718	northsightrecovery.com
Psychological Counseling Services (PCS)	480-947-5739	pcsintensive.com
Scottsdale Providence	480-210-1734	scottsdaleprovidence.com
Scottsdale Recovery Center	888-663-7847	scottsdalerecovery.com
Scottsdale Serenity	480-906-2067	scottsdalserenityrehab.com
Sharon Youngblood	520-331-1483	
Sierra Tucson	800-842-4487	sierratucson.com
Spiritually Fit- Co-op	602-809-0854	spirituallyfitco-op.com
Brough Stewart, MC, LPC, NCC	602-316-3197	
Steps to Recovery/Konnect	928-649-0077	konnectwellness.org
Valley Hospital	602-952-3939	valleyhospital-phoenix.com
Via Linda Behavioral Hospital	480-476-7210	vialindabehavioral.com
Virtue Recovery Center	866-338-6977	virtuerecoveryuncitywest.com
Teen Challenge AZ	602-708-9475	tcaz.org

## Additional Resources

ACT Counseling & Education	602-569-4328	actcounseling.com
AZ. Dept. of Health	602-364-2086	
AZ Holistic Approach Counseling	602-529-1967	
Arizona Opioid Assistance Helpline	888-688-4222	
Birches Health	833-483-3838	bircheshealth.com
Eric's House	855-894-5658	
Desert Drug Dog	602-908-2042	
Hunkapi Programs	480-393-0870	
Kid in the Corner	kidinthecorner.org	
EMPACT/La Frontera	800-273-8255	
I Am Teen Strong	480-396-2409	
Mental Health Center of America	602-704-2345	
NotMYKid	602-652-0163	
PAL Parents of Addicted Loved Ones	palgroup.org	
Recovery Café	480-530-7090	
TERROS Health	602-685-6000	

### TUCSON

ACA	aca-arizona.org
AA	520-624-4183
Al-Anon Info Service	520-323-2229
Anger Management	520-887-7079
Behavioral Awareness Center	520 629 9126
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cornerstone Behavioral Health	520-222-8268
Cottonwood Tucson	800-877-4520
Crisis Intervention	520-323-9373
Narcotics Anonymous	520-881-8381
Nicotine Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Recovery in Motion	520-975-2141
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
Suicide Prevention	520-323-9372
Teen Challenge	888-352-4940
The Mark Youth and Family Care	520-326-6182
Workaholics Anonymous	520-403-3559

### EDA Meetings

Sat. 10:30 am New Freedom Meeting —  
Pigeon Coop. 4415 S Rural Rd, Ste 8, Tempe  
AZ. Step and big book study.

Thur. 7:00 P.M.

New Happiness Meeting  
Crossroads  
2103 E Southern, Tempe. Rotating format-  
Step, Topic, Big Book, Speaker.

### Refuge Recovery

Wednesday, 6:00-7:00 pm, Red Tree  
Meditation Center, 1234 E 16th St. Tucson  
Saturday, 5:00- 6:30 pm, \*Palo Verde room\*  
Saint Philip's in the Hills Episcopal Church.  
4440 N Campbell Ave., Tucson

## Helplines

Alcoholics Anonymous (AA)	602-264-1341
Al-Anon	602-249-1257
Tucson Al-Anon Information	520-323-2229
Adult Children of Alcoholics (ACA)	aca-arizona.org
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
Fentanyl Anonymous	520-338-9307
Food Addicts foodaddicts.org	435-764-1461
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 Tucson	520-792-6450
Sex Addicts Anonymous	602-735-1681
S-ANON	480-545-0520
Teen Life Line	800-248-8336

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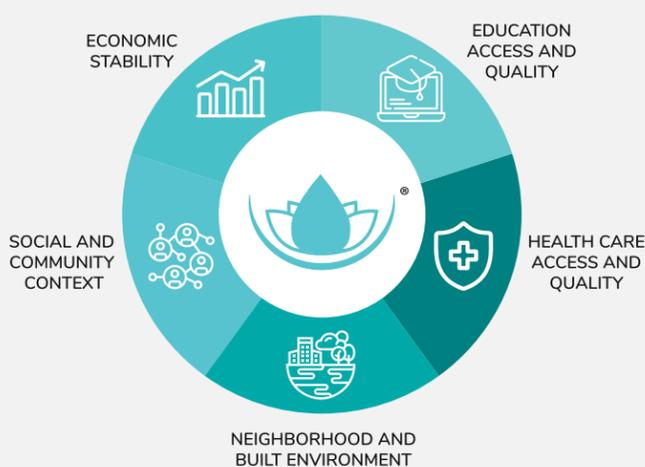
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