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Inspiring Success On The Road To Recovery

APRIL 2013

**INSIDE:**

**Gambling and the Addictive Cycle**

**STIGMA HAS A LONG WAY TO GO**

**Emotional Eating**

**Commentary:**

**Tax Revenue for Treatment**

By Andrew D. Kessler

The abuse of prescription drugs is well documented. Many possible solutions and remedies have been offered — at various levels of government — ranging from expanded treatment and prevention, to prescription drug monitoring systems. However, we find ourselves in an era of shrinking budgets, for all domestic programs at all levels of government. Whether the solutions we face lie in the health system, justice system or elsewhere, there will be very little budget growth to fund this fight for at least the remainder of the decade. If we are to expand our fight against prescription drug abuse and want the support of policy makers, it is incumbent upon us to find new sources of revenue that will pay for the changes that must be made.

Although the word “tax” represents an incredibly sensitive and politically charged topic these days, we need to explore it if that is where our answer lies. Specifically, a sumptuary tax on the product that is at the root of this problem: prescribed controlled substances (FDA Schedules C-II through C-V). Ideally, this tax revenue would only be used for preventive and rehabilitative services, and related expenses. The funds would assist those without medical insurance, or the means to pay for treatment.



Strong precedent exists for such a concept, such as the federal tax on medical devices for the purpose of paying for health care services, or state and federal excise taxes on alcohol or cigarettes. The motivations behind so-called “sin taxes” vary. Taxes on products such as tobacco and alcohol exist in part as a deterrent, with policy makers holding the belief that a higher price on a product will discourage use to a level that becomes abusive. This sounds fair in theory, but it does not take into account the disease of addiction. For someone who is an addict, whether to tobacco, alcohol or any other substance or behavior, price is rarely an object. Our focus needs to be on the portions of these tax revenues that are set aside for treatment and prevention programs.

There is also precedence for the setting aside of funds generated from legal activities

*Taxes cont. page 2*



By Cathie Hartnett, Executive Director of the National Youth Recovery Foundation

Social change comes when we reach a critical mass of people who are affected negatively by a public policy, social stigma, a disease, or discrimination that demands a reaction.

In the 70’s, most people in treatment centers were middle aged and drug addicts were separated from alcoholics. And in the 80’s, we were still in denial about dual diagnosis. In the last two decades a generation of professionals have come into the field of treatment having found recovery in their 20’s, or they have come from other professional fields. More research, science and treatment modalities, earlier diagnosis, and treatment centers have contributed to a growing population of younger addicts getting to recovery than ever before.

In the last 10 years there has been a growing body of research and discussion about the life that comes with recovery. Today 35 million people are living lives of recovery in the U.S. If you add two people who are affected by each of these — we are a force to be reckoned with.

**Young People in Recovery**

Young People in Recovery (YPR) come to this broader community of recovery with a new perspective and series of experiences that we can marvel at, be challenged by and learn from. Because of access to treatment, a number of fellowships that support long term recovery coupled with the human kindness and commitment of those in long term recovery, we now have a generation of young people who will fall in love, get married, parent children, advance their careers and finish high school and college while they are in long term recovery. They work their recovery program, engage in life and look for ways to be of service.

And... they also speak openly about their disease asking questions like:

- *Where is the “ribbon” campaign for treatment of addiction?*
- *Why do other disease groups lobby their elected officials for more research and treatment, and we don’t?*

- *Why do the wealthy go to treatment and the less fortunate to jail?*
- *Why did Bill W testify to Congress in 1949 about the disease of addiction if he really meant anonymity included never speaking out as person in recovery?*
- *Why do people in long term recovery continue to be punished by laws and policies that deny them access to education, numerous career fields after paying fines and doing time, sometimes denying them the right to vote?*

**A New Movement**

If we reflect on the civil rights movement, women’s or gay rights movement, there is a moment when a new generation is unwilling to accept the stigma and barriers others have tolerated, learned to live with or simply didn’t know how to fight.

As the numbers of young people in long term recovery increase there is a growing voice asking tough questions of the elders in the recovery community, the county boards who block licenses for sober housing, state capitols and state agencies that reduce funding of programs that help people get well, or visit Washington to ask:

*“Why does it seem to get treatment for the disease of addiction you either have to be extraordinarily committed to working the system, fighting for funding or come from a family with extraordinary resources to get help?”*

Is there any other disease that requires such efforts to get well? Imagine a person with diabetes being told they need a certain amount of insulin to stabilize their body, yet there is only enough funding to provide a portion of what they need.

**The Birth of an Idea**

In the fall of 2012, a group of young people between the ages of 20 and 30 gathered. Most had multiple years of long-term recovery. They came from across the country, found recovery through multiple paths, had

different political and cultural perspectives, careers and levels of education. They also had strong opinions, passion and commitment to step up, ask questions, listen and challenge the status quo in the recovery community they love and are part of.

With deep sense of service they organized the first National Council of Young People in Recovery whose mission is to educate, advocate and collaborate for anything and everything that will support long-term recovery for their generation.

They expressed gratitude for the access they had to treatment and the programs they participate in. They committed to stepping up and out in their communities to organize their peers and build a social change movement in recovery that will work towards further breaking the stigma of addiction and mental illness, focus on building programs to support young people as they build their new lives in recovery, post treatment, aftercare and sober living.

They committed to advocating for more recovery high schools, collegiate recovery programs, and engaging members of the recovery community who are their elders to be mentors, as they build their careers and become citizens in their towns and cities as people in recovery.

Many social change movements started in a living room, community center or coffee shop. A few voices grow until family, friends and those directly affected by stigma stand up with, and demand those in need have access to not only the critical care phase of their illness but the long term care and support that can create a full and productive life. Now our elected officials are hearing stories of lives in recovery, rather than life in addiction.

The National Youth Recovery Foundation (NYRF) was founded to support a public charter recovery high school in Minnesota.

For the last three years the board of directors listened to

- parents who identified the gaps in services as their children came into recovery
- professionals who identified the lack of support available to young people once they left the system

*NEW GENERATION cont. page 9*



## *publisher's note*

### *Enjoy the Process*

By BARBARA NICHOLSON-BROWN

In the first few weeks of recovery I wondered how quickly I would 'get it'. Like most fellowship halls and meeting places, the 12 steps were posted on the wall and little framed signs served as crown molding just below the ceiling. They read, *Live and Let Live, Let Go, Let God, A Day at a Time, I Am Responsible*. In all honesty, these snippets of wisdom didn't make much sense to me for years.

As a newcomer, I thought if I kept reading the steps on the wall that meant I had taken them. When I finally mustered enough courage to ask a woman to be my sponsor, I had no idea what I was in for. One of my first questions to her was, "How long does it take to get this AA thing?" I can see her smiling, saying, "You can leave whenever you want, but let me ask you something, how many years did you drink and use drugs?" "About 24", I answered. "If you're willing to uncover, discover and recover, I'm here for you. So, relax; we're not doing this on a timeline."

And so my journey began.

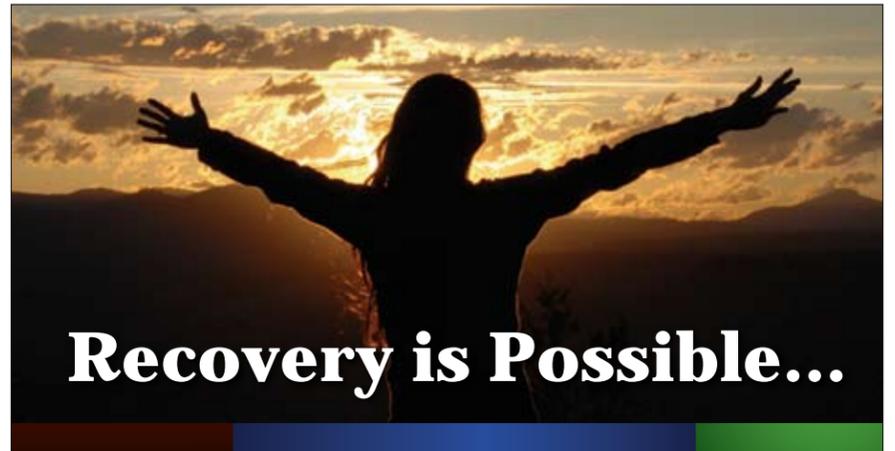
Twenty three years later, I am still uncovering and discovering. When I am open to listening, I gain awareness.

And the little signs on the wall have taken on new meaning. The 12 steps are tools I can use whenever I feel the need. My phone is filled with numbers of people I can rely on anytime — day or night. The fellowship, and my friends in recovery have helped me through my most difficult days.

Every time I open the Big Book and read it, it's as though I never read it before. There is always something new, and where I get my A-Ha moments.

I always feel better leaving a 12 step meeting than before I went in, as something spiritual happens in that hour. Surrounded by others on the same journey there is no need to rush to the finish line.

*Thank you to all who continue to help me on my path.*



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### TAXES from page 2

in order to assist those that develop conditions based on an abuse of said activity; specifically, problem gambling. Casinos or racetrack casinos ("raceinos") exist in 20 states, operating legitimately, yet millions of people suffer from an addiction to gambling. In many states, those who profit from gambling enterprises, whether they be private or state entities, are required by law to set aside a pool of funds to provide treatment for problem gamblers. Depending on the state, this pool of funds can go toward assisting localities, individuals, or both, especially with counseling and prevention services.

We absolutely recognize the medical need for prescription drugs such as OxyContin, Vicodin and others, as they play a vital role in pain management for patients with no other alternatives, and who use them as prescribed or under a doctor's care, without abuse. Yet due to the lack of institutional control over these substances – over prescription, counterfeiting and inadequate monitoring- we are facing nothing short of an epidemic caused by their abuse. Tax revenue of controlled substances, sold with a prescription, can be an invaluable funding stream used to address the damage that is known to result from the widespread availability of and poor control over prescribed controlled substances. Such an idea is easy to espouse, but far more difficult to accomplish. The resources and commitment required to draft, introduce, enact and enforce such legislation — at the state and federal levels – could turn out to be exhaustive. Yet our calls for more treatment, prevention and awareness have only taken us so far, and time is against us. All of the details are far from ready, but the time for dialogue on this idea is now. **LET'S START TALKING!!**

*Andrew Kessler is founder and Principal of Slingshot Solutions LLC, a consulting firm based in Fairfax, Virginia that specializes in substance abuse and mental health policy.*

*Sharon Blair is a national advocate for prescription drug abuse treatment and prevention. She is the mother of Jennifer Reynolds-Gonzalez, who lost her life to an overdose in 2009 at the age of 29.*

## Bill Would Require Tamper-Resistant Formulas for Certain Drugs

A new bill introduced in the U.S. House of Representatives would require new drugs, and certain generic drugs, to have tamper-resistant formulas, *ABC News* reports. The proposed legislation is designed to reduce prescription drug abuse.

**The Stop the Tamper of Prescription Pills Act (STOPP)** would require the Food and Drug Administration (FDA) to only approve drugs if they have a tamper-resistant formula. Drugs in pill form could not be easily crushed and snorted, and could not be melted into an injectable form.

The measure would also require generic brands already on the market to be tamper-resistant, if their brand-name equivalents had a tamper-resistant formulation. It would not apply to drugs prescribed for chronic pain or end-of-life treatments. The FDA would be permitted to exempt drugs considered critical to national health, or in cases where a drug does not have a tamper-resistant alternative.

*“What no one could foresee was that when you crush these pills, they actually create pain in the form of addiction, abuse and senseless, tragic overdose deaths.”*

Bill co-sponsor Bill Keating of Massachusetts introduced the STOPP Act last summer, but it stayed in committee. Measures that would require generic drugs to have tamper-resistant formulas have been opposed by some generic drug manufacturers, who have argued it would lead to higher drug costs.

Representative Hal Rogers of Kentucky, another sponsor of the bill, noted in a press release, “When OxyContin was first approved by the FDA over a decade ago, it seemed at first glance that its extended-release technology was a godsend for patients suffering from chronic pain. What no one could foresee was that when you crush these pills, they actually create pain in the form of addiction, abuse and senseless, tragic overdose deaths. Now we’ve got some promising technology to deter abuse,



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as well as the benefit of hindsight. This time around, we can see the train coming from a mile away – and we need to step out in front of it to stop another tidal wave of addiction.”

### Report Finds Child Poisoning Often Results From Pills Found in Purses and on Floor

A new report finds small children who end up in the emergency room after being accidentally poisoned from medication are more likely to find the pills in a mother’s purse or

the floor than the family medicine cabinet.

Children also find pills in other easy-to-reach spots such as sofa cushions and countertops, *USA Today* reports. The report was released by the nonprofit group Safe Kids Worldwide.



Most accidental medication poisonings in children result from ingestion of medication belonging to a child’s mother or grandparents, according to the report.

The group evaluated 2,315 emergency department records for children up to age 4.

In 2011, approximately 67,000 young children ended up in the emergency room after being accidentally exposed to medication. Accidental poisonings in young children rose 30 percent in a decade, they found.

Of the records that stated the source of the medication, 27 percent were on the floor or had been otherwise misplaced, while 20 percent came from a purse, bag or wallet. An additional 20 percent were left on counters, tables, nightstands or dressers, 15 percent were found in a pill box or bag of pills, 6 percent were found in a drawer or cabinet, and 12 percent came from other places.

In 86 percent of cases, the medications belonged to adults. Mothers accounted for 31 percent, while grandparents accounted for 38 percent.

“You have some grandparents who have their whole pharmacy on the kitchen counter

*NEWS cont. page 12*



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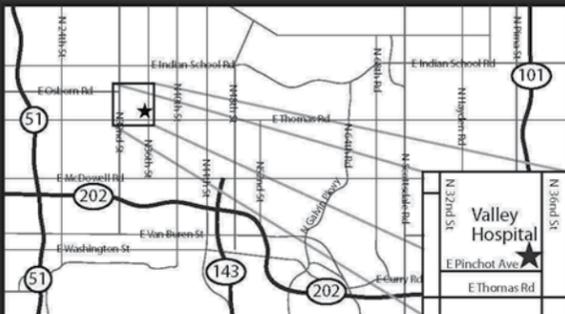
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# The Addictive Cycle of Gambling

By **BOBBE MCGINLEY**,  
MA, MBA, CADAC, LISAC, NCGC II

**S**aying gambling is addictive but not a medical disease begs for definitions of “addiction” and “disease.” The essential element of addiction to gambling is that people become completely absorbed in the activity, which they then pursue in a compulsive manner, leading to extremely negative life outcomes. These individuals often describe a loss of control, such that, they claim they are incapable of avoiding gambling or of stopping after having started. All of these elements of addiction are behavioral, experiential, and phenomenological.

The disease model looks to an inescapable biological source for addictions, such that some neurochemical adaptation accounts for the observed compulsive behavior. In addition, a disease model would indicate, these neurochemical adjustments lead to measurable tolerance and withdrawal. Because the biological systems underlying the addiction are thought to be irreversible, the disease model includes the idea of progressive worsening of the addiction, with the requirement that some kind of treatment is necessary in order to cease addiction.

## An Experiential Model

Obviously, an experiential model of addiction is much easier to observe. All it requires is that people sacrifice their lives to gambling and they assert or believe they cannot resist the urge to do so.

Evidence for this model is provided nightly at Gamblers Anonymous meetings, where compulsive gamblers sincerely attest how they have sacrificed everything to their addiction and have absolutely no control over their habit.

On the other hand, all of the elements of the medical (disease) model of addiction can be questioned, and in many cases have been explicitly disproved. Where addiction theorists and gambling researchers make their mistake, is that while finding compulsive gambling to fall short of attaining the status of medical disease, they discount its genuine addictiveness. In doing so, they often have assumed that alcohol and drug addiction fulfill criteria for an addictive disease that in the past, gambling has failed to meet.

Now clients coming into treatment fit

the addictive disease concept of gambling behavior. Some people have extremely destructive experiences and develop chronic gambling habits and problems. The individual loses more than they intended, feels remorse, tries to recoup the losses by continuing to play, only to lose more — good money follows bad. In direct parallel to the principal varieties of alcoholism, the person may fail to control any individual gambling experience in a gambling binge, or else may gamble steadily and heavily over a long period, forming a chronic dependence.

While the risk of gambling or prospect of winning can be exhilarating, the aftermath of losses, as well as being emotionally deflating, becomes increasingly problematic from a legal, career, and family standpoint. At the same time, future gambling relieves the anxiety, depression, boredom, and guilt that set in following gambling experiences and losses.

This addictive cycle is described repeatedly in the gambling literature. One critical element of the pathological gambling experience is money — the problem cycle begins with “negative feelings associated with gambling losses,” in addition to the “person’s positive experience of the gambling activity itself, shortage of money and the need to keep their gambling a secret.”

Addictive gambling resembles compulsive shopping, where people spend irrationally and accumulate debts and problems resulting from efforts to hide and/or cover up debts. The individual who is lost in this cycle is one who relies on magical solutions — as do drug and alcohol abusers to produce desired outcomes without following systematic or functional plans to achieve his or her goals.

Treatment and Gamblers Anonymous meetings are available if you or someone you know may have a problem.



*Bobbe McGinley MA, MBA, CADAC, LISAC, NCGC II, is a nationally known speaker, author, presenter and trainer, consulting many different industries about Problem Gambling. She currently serves as*

*their Gambling Program Consultant. Call 602-569-4328 or visit [www.actcounseling.com](http://www.actcounseling.com).*

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## Stigma has 'a long way to go'

### Former First Lady reflects 40-plus years of fighting stigma

Some months ago, Lori Ashcraft, Ph.D., an editorial board member and longtime contributor of the popular "Tools for Transformation" column, suggested that Behavioral Healthcare ought to interview Rosalynn Carter, wife of former President Jimmy Carter and one of the world's most prominent mental health advocates. The exclusive interview that follows, along with other stories about the 28th Rosalynn Carter Symposium on Mental Health in Atlanta last November, are proof of what a good idea and a little determination can accomplish.

In 1966, the idea of advocating for people with mental illnesses was even less popular than it is today, cloaked in shame, stigma, and discrimination. Mrs. Carter took it on anyway and for the past four decades has addressed issues related to consequences of mental illness that cry out for reinvention and transformation. She seems to come from a place that overrides fear and shame and goes right to compassion. And it's the compassion that has fueled her commitment to a segment of our population that had been dismissed as having nothing meaningful to contribute to our society and needing nothing more than 'to be taken care of.'

Rosalynn Carter has been one of the longest and strongest voices for transforming the views held about mental illness and the systems that supposedly treat it. She was an early supporter of the recovery movement and believes that it has set the foundation for a new set of beliefs regarding the potential of those who have been diagnosed. She is a strong supporter of the peer movement, saying that, 'next to recovery, it is the best thing that has happened yet.'

In chairing her 28th Mental Health Symposium, Mrs. Carter now focuses her passion on community inclusion, an evolution of the needs expressed by her fellow Georgians so many years ago. She wants people who are on their recovery journey to have access to community resources so they will be able to contribute in a meaningful way to their communities. The timing could not be better: the Symposium's participants and findings will be harnessed to develop policy recommendations to support this end.

There is a sense of urgency in her voice as she describes her hopes for the future.

**BH: What was it that got you involved in the cause of mental health?**

**Mrs. Carter:** I became interested while campaigning with my husband, when he ran for governor in 1966. He got into that race late, after our leading Democratic candidate had a heart attack, leaving Lester Maddox, a very popular segregationist, as the only candidate. When no one else would take him

*"Stigma curtails funding for services, it hurts programs in the community, and stands in the way of getting policymakers—the people who can make a difference—interested in the issue."*

on—this being the midst of the civil rights days—Jimmy decided that he would run.

I had never campaigned before, and it was already eight to 10 weeks before the election, so Jimmy (then a Georgia state senator) went one way and I went the other. Every day, somebody would ask me, 'What will you do for my mentally ill loved one at Central State Hospital?' There had just been a big exposé about the hospital in the news—it was happening all over the country. The Community Mental Health Act had been passed [in 1963], but the state was moving people out of the hospital before the any services were there for them. I became very concerned about the issue, and even though Jimmy lost that time, I kept learning more about it.

When Jimmy became Governor in 1972, he appointed a commission to improve services to mentally and emotionally handicapped people. That's where my real education began . . .

**BH: Where are we today, and where do we need to go in terms of mental health treatment in the United States?**

Mrs. Carter: We have a long way to go. But there are movements in the mental health field that are very important right now. One involves community services. Another is community inclusion. Another is how treatment is moving toward recovery. And, there's the idea of integrating services, mental health and primary care, getting rid of the separation between physical and mental health care. All of those are good.

But, the stigma and discrimination against mental health issues has always been so bad. Stigma curtails funding for services, it hurts programs in the community, and stands in the way of getting policymakers—the people who can make a difference—interested in the issue.

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## Adults experiencing behavioral health issues more likely to smoke

Adults experiencing any mental illness or a substance use disorder in the past year represent 24.8 percent of the adult population, but that same group used 39.6 percent of all cigarettes smoked by adults, according to a new report by the Substance Abuse and Mental Health Services Administration (SAMHSA).

In terms of rates of cigarette smoking, 38.3 percent of adults experiencing mental illness or substance use disorders were current smokers as opposed to 19.7 percent of those adults without these conditions. That means the rate of current cigarette smoking among these adults is 94 percent higher than among adults without these disorders.

The report reveals although people with substance use disorders and no mental disorder constitute only 4.9 percent of adults over age 18, they smoked 8.7 percent of all cigarettes. Similarly, those who had experienced both mental illness and a substance use disorder represented only 3.8 percent of the population in the past year, they smoked 9.5 percent of all cigarettes.

This report defines any mental illness as any diagnosable mental, behavioral, or emotional disorder other than a substance use disorder. It defines a substance use disorder as dependence on or abuse of alcohol or illicit drugs.

Life can be difficult. We face many challenges and sometimes it seems like a lonely journey.

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# A Look at Emotional Eating

By Elisabeth Davies, MC

**H**ave you ever eaten when you are not hungry? Many of us consider our favorite foods to be a reward. When we eat delicious foods our brain releases dopamine, a neurotransmitter that helps control the amount of reward and pleasure we experience. Dopamine also helps regulate emotional responses. Eating food can temporarily make us feel better and offer us a distraction from stress, boredom, anxiety, anger, guilt, disappointment and disturbing thoughts. There are even certain foods, such as seafood, oranges, grapefruits and hot chili's, which can raise our endorphin levels, temporarily elevating our mood.

There is nothing wrong with eating when we are not hungry or even eating past our full point every now and then... until the costs of eating begin to outweigh the benefits. When we become obese (more than 30 pounds overweight) from emotional eating, there are increased health risks, including diabetes and heart disease. There is a financial impact when we have to buy new clothes, and an erosion of self-esteem due to body image concerns.

Listed below are 5 tips to help you manage emotions and avoid weight gain or any negative costs:

- **Tip # 1** — When you start to put food in your mouth, STOP for one second and ask yourself, 'Am I hungry?' If the answer is 'no', then say, 'Well what do I need?' If you're not hungry, you don't need food. Maybe you need a break or more peace of mind. Find out what it is you are feeding, other than a growling stomach. Find a positive way to meet your need rather than using food to distract from it. Checking in with yourself, allows you to make a conscious choice rather than an impulsive choice with food.
- **Tip #2** — As you bring food to your mouth, STOP and take one moment and look at it. How does it look? What color is it? Smell it. How does it smell? Taste the food. How does it taste? Feel it in your mouth. How does it feel? What sound do you hear when you are eating? Using your senses to become present when you are eating allows you to practice conscious eating rather than eating unconsciously.

There are two benefits to using your senses to become present:

1. *Being present decreases anxiety and brings you back to emotional balance.*
2. *Being present by using your senses allows you to be aware of how much you are eating and when you are full.*

- **Tip #3** — When and if you are craving sweets or your favorite foods and you are not hungry, say to yourself, "In two minutes I'll decide." Then during those minutes do something that effectively calms emotions, like journaling your feelings, reading a self-help article on emotional eating, take a two minute walk, listen to soothing music. After two minutes go back to the food you are craving and ask yourself, "Am I

hungry?" Strong cravings last anywhere from 30 seconds to two minutes. Each time you override a craving by not giving in to it, you lessen the frequency of the unwanted habit! In time, with practice you will break the habit of emotional eating. Delaying giving in to a craving is



effective in managing many compulsive behaviors.

***"Eight out of ten women in America are dissatisfied with their bodies due to self-criticism. Stopping this internal dialogue and learning to give your body loving messages will help you love your body."***

- **Tip #4** — One way to decrease emotional upset and increase emotional well-being is to focus on thoughts that enhance your mood. Look for the good in things throughout your day. Say positive, affirming statements about your worth and value as a person. Create a gratitude list. You cannot have any emotions without first having a thought. Positive thoughts create positive emotions. When your emotions are positive, you won't need to use food to calm them!
- **Tip #5** — Purchase window markers and write on your bathroom mirror, "NO Criticism Allowed!" You can also write, 'My body has value regardless of its shape and size.' Each morning when you get up to comb your hair or brush your teeth, read the mirror messages. Eight out of ten women in America are dissatisfied with their bodies due to self-criticism. Stopping this internal dialogue and learning to give your body loving messages will help you love your body. When you love your body, you will treat it with value, including what foods you put into it.

For more tips on managing emotions in healthy ways, you can order my workbook, Good Things Emotional Healing Journal-Addiction at <http://www.GoodThingsEmotionalHealing.com> Amazon, or Barnes & Nobel.



**THE STREETS AREN'T THE ONLY  
PLACE KIDS FIND DRUGS.**

# Words

By DR. DINA EVAN

**M**y mother was an alcoholic. Until the day she died, no, even long after, the words spinning in my head were wonderings about what a can of Coors offered her that I could not.

There are certain experiences and certain words in life that humble you. They bring you suddenly alive, albeit with regret, shock, pain or a melancholy musing often about why you haven't been in your own life. There are also words that bring you alive with joy and happiness.

My clients over the years have softened my child-like judgment about my mother, and brought me the gift of greater understanding, compassion and forgiveness. My mother never really had a chance. My mother had no words of encouragement or comfort. She had no words of guidance or compassion. My mother was my greatest teacher. She taught me what it looks like when you do not love yourself. I love her for that.

## Words connect us or separate us

They heal us or hurt us. They empower us or victimize us. Deepak Chopra says we have 60,000 thoughts a day, most of which come tumbling out of our mouths and almost all of which are the same old things we have thought and said repeatedly for the majority of our lives. We pay so little attention to our words. Yet, they are profound.

My father used words, "You stupid ignoramus son-of-a-bitch." My mother used no words. What floated in the space between us was cold and isolated sadness. My admissions professor in college used words I'd never heard, "I cannot believe what you have done in your life without support." My kids use words that took my breath away, "Thanks for holding this family together Mom." All of them have made me queasy...either because they hurt so badly or because they were unfamiliar and challenged my willingness to trust.

Words are crafted around conference tables, in the hopes quelling objections: the theater of war, friendly fire, constructive criticism etc. Make no mistake! These are enormously powerful words. You've been persuaded, manipulated, cajoled, coerced and controlled because the words were crafted in such a way that the risks no longer mattered. And, written words are even more powerful when they are accepted, uncritically, as being true. There is so much to say about words in every context and form, whether written,

spoken or published in books or the Internet, words allow us to connect, communicate and enlighten each other. They are filled with potential - the potential to heal or the potential to harm. Love, laughter, gratitude, joy, courage, heroism are all inspired by words. A life well lived is nearly impossible without words. We take very seriously the opportunity to share words with you that hopefully teach, enlighten and encourage. I invite spirit to sit on my shoulder as I type, hoping to reach out from the page and touch you in some way.

As we age, we look at words with a bit more suspect. We begin to question whether we can really lose 20 pounds in a month, or whether he or she really can be in love in a week, or whether the government really does have our best interest at heart. With aging comes the answers to the words that formed questions such as "Have I done what I came here to do, or, what can I learn from this challenge.

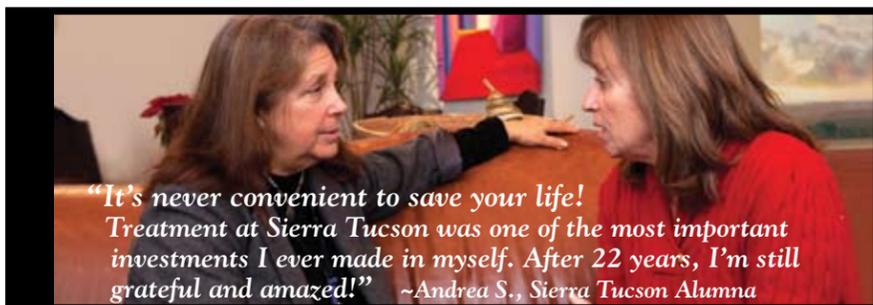
In moments of silence, you begin to question the purpose of your life for there is no true depth or value in life without meaningful connection to those you love. Connection is difficult without words that are genuine and heartfelt and followed by behavior that is reverent and respectful.

I remember things my father said to me that brought me to my knees when I was twelve. I remember things that my teacher said to me in fourth grade that brought me up, standing tall again. Words have so great a force in them that we should all remember to make sure they are well chosen. "Words are, of course, the most powerful drug used by mankind." Rudyard Kipling Words can make people love you a little less or a little more.

Who knew a consistent inquiry with words about how one could help, along with a soft touch and gentle hug could mean so much? Give that today.



*Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. For more information 602-997-1200, email drdbe@attglobal.net or visit www.DrDinaEvan.com.*



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# Miracles Do Happen

## What Happened?

I began to be jittery in the morning. Liquor ceased to be a luxury; it became a necessity and gradually things got worse

The remorse, horror and hopelessness of the next morning are unforgettable.

Should I kill myself? No not now. Then a mental fog settled down. Vodka would fix that. So two bottles, and oblivion.

No words can tell of the loneliness and despair I found in that bitter morass of self-pity. Quicksand stretched around me in all directions. I had met my match. I had been overwhelmed. Alcohol was my master. If there was a Devil, he seemed the Boss Universal.

He (the devil) was on different footing. His roots grasped a new soil.

An illness of this sort and we have come to believe it an illness involves those about us in a way no other human sickness can.

He is the fellow who goes to bed so intoxicated he ought to sleep the clock around. Yet early next morning he searches madly for the bottle he misplace the night before.

As we became subjects of King Alcohol, shivering denizens of his mad realm, the chilling vapor that is loneliness settled down. It thickened, ever becoming blacker, then would come oblivion and the awful awakening to face the hideous Four Horsemen - Ter-

ror, Bewilderment, Frustration, Despair.

It was only a matter of being willing to believe in a Power greater than myself. Nothing more was required of me to make my beginning. I saw that growth could start from that point. Upon a foundation of complete willingness. I entered treatment for the third time in that year.

My inner soul was fighting to be free. I completely gave myself to God. kneeling at my bedside asking him to remove the wrath and the bondage of alcohol. Praying my soul would be touched with his divine mercy. Asking to be healed, as I would carry his message to help others.

On the morning of January 19, 2008 in the rehab center, approximately at 9:03 am, I had the sudden and profound spiritual experience, which have revolutionized my whole attitude toward life, toward my fellows and toward God's universe.

The central fact of our lives today is the absolute certainty that our Creator has entered into our hearts and lives in a way which is indeed miraculous. He has commenced to accomplish those things for us which we could never do by ourselves.

*From Anthony*

# EVENTS CALENDAR

**APRIL 1— LifeSTAR - Mesa. *The Getting Started Workshop*** is a 6 week educational course for men struggling with addiction to pornography or other compulsive sexual behavior, and for their wives. Course provides participants with a better understanding about sexual addiction and the underlying issues, and teaches both partners and addicts how to begin the journey toward peace, hope and healing. Contact: **Floyd Godfrey, LPC**, LifeSTAR - Mesa Director Family Strategies & Coaching [fgodfrey@familystrategies.org](mailto:fgodfrey@familystrategies.org). 6:30-9:30 p.m. Family Strategies & Coaching, 6402 E. Superstition Springs, Ste 208. Mesa.

**APRIL 3— ST. LUKE'S CLINICAL breakfast series: Review of Ethics and Client Care. Presented by Chip Coffey, MATC, LPC. 8:00 AM-9:00 AM.** Behavioral Health Center Auditorium, 1800 E. Van Buren. 1 CEU. Breakfast, networking. FREE. 602-251-8799.

**APRIL 3— 7:30-10:00 A.M.** Sponsored by Sierra Tucson and Prescott House. Tucson Area Professionals' Networking Breakfast, *"The Price of Love: Sex, Money, and Addiction,"* Speaker: Debra L. Kaplan, M.A., LAC, LISAC, CMAT, CSAT-S. Westward Look Resort, 245 E. Ina Road, Tucson, AZ 85704. Pre-registration at [www.SierraTucson.com](http://www.SierraTucson.com) by 3/27/13: \$15 per person (no refunds after this date). At door: \$25 (cash or check only). 2.0 CE Credits available. Visit [www.SierraTucson.com](http://www.SierraTucson.com) or contact Mike Lyles at 800-624-5858, Ext. 2132, or [MLyles@SierraTucson.com](mailto:MLyles@SierraTucson.com).

**APR 15-19 - TUCSON - COTTONWOOD TUCSON - InnerPath Women's Retreat.** This five-day retreat has been de-

signed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. Facilitated by **Rokelle Lerner**. Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743-2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**APRIL 19— 8:30 a.m. - 1:00 p.m. "Dueling Diagnoses: Managing Pain with Trauma, Depression, Anxiety, or Addiction,"** Sponsored by Sierra Tucson and Arizona Psychological Association (AzPA). Speakers: Antoinette Giedzinska-Simons, Ph.D., and Jerry Lerner, M.D. Embassy Suites Tempe, 4400 South Rural Road, Tempe. Visit [www.SierraTucson.com](http://www.SierraTucson.com) or contact AzPA office at 480-675-9477 for member and nonmember costs and registration. Continental Breakfast included; registration fees increase on April 12, 2013. 4.0 CE Credits available.

**APR 22-26 & MAY 13-17 - Tucson - Cottonwood Tucson - InnerPath Beginnings & Beyond Retreat.** This five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by Rokelle Lerner. Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743-2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**APRIL 26—11:00 a.m. - 1:00 p.m. GRAND ROUNDS AT SIERRA TUCSON, "Eating Disorders Treatment,"** Speaker: Vicki Berkus, MD., Ph.D., CEDS. Sierra Tucson Auditorium, 39580 S. Lago del Oro Parkway, Tucson. For Registration or info, contact Andra Farcas at [Afarcas@SierraTucson.com](mailto:Afarcas@SierraTucson.com) or 800-624-9001, Ext. 2347. No charge for professionals, seating is limited. 2.0 CE Cred-

*Continued page 11*

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### NEW GENERATION from page 1

• and adults in the recovery community who got into recovery when they were in their teens and early twenties.

*We met with hundreds of young people and asked them to paint a picture of what they needed as they moved from treatment and aftercare, to a life of recovery. These are their words:*

"I have my recovery program, now I need help with the gaps that addiction created to improve my life outside of my meetings."

"I need a safe community in high school, fun and peers to hang out with after school. I need mentors to talk to me about where I could go with my education, interests, hobbies and skills I want to pursue as a young person figuring out my life."

"I want to advocate for services that were denied my friends because they didn't have the money or family support to get help."

"I want to talk about recovery not addiction—find others who share my interests in music, politics, art, and sports."

"I come from a family riddled with addiction but after treatment, unlike adults, I didn't get to live in sober living, I had to go home to a house of addicts and going to a meeting everyday wasn't enough for a person my age to put together a life."

"Many of us were getting high rather than being active in extra curricular activities like sports, student government and social causes. In recovery we are interested in these kinds of activities but we missed out on the skills you gain and need help catching up and getting involved."

"We are grateful to the people who helped us but we want a voice as young people in recovery."

"We feel differently about our role as people in recovery. We talk about recovery, we are aware of the stigma but we want to acknowledge and show the world that addiction and mental health are part of who we are—we are also young, fun loving, passionate,

***"Gallop Polls show although the majority of Americans believe addiction is a disease, they don't really believe in recovery. The new generation is going to change that perception and all we need to do is give them the space, help clear the path for more of them to sustain long term recovery."***

and interested in succeeding in our education, careers and lives. We have the amazing opportunity to be transparent in our social and professional lives about who we are."

"We are willing to challenge the system that spends far more on incarceration of people with addiction than treatment. Public policy in some places denies student loans to young people in recovery for up to ten years after they have paid their fines and done their time. Many are denied access to jobs in the financial, security, and healthcare systems, and public education accommodations to support our recovery which is available to all other students with any disease or disability. How can we live up to the integrity and service that recovery has brought to our lives?"

### A National Organization

With these statements, the NYRF decided to build a citizen based national organization of family and friends of young people in recovery to raise funds and partner with Young People in Recovery (YPR) to focus exclusively on the recovery phase of the disease of addiction by educating communities around the country to build the network of support systems that support the recovery process from access to diagnosis, and treatment through high school, college, technical school and early career development.

Research proves with four years of services from treatment to recovery the chances of relapse are reduced to less than 20 percent. Recovery support services are less expensive, more mainstreamed into the broader community, thus breaking stigma, building better citizens than the cost of detention, incarceration, repeated in patient treatment and time out of school.

NYRF engages parents, family, friends and elders in the recovery community to

support Young People in Recovery. NYRF serves as a sounding board, a funding source, a mentor and champion of these young leaders. Sometimes we fret about them, worry they are going to make a mistake, go too far or challenge the establishment and become controversial. Isn't this what being young leaders is about?

Gallop Polls show although the majority of Americans believe addiction is a disease, they don't really believe in recovery. The new generation is going to change that perception and all we need to do is give them the space, help clear the path for more of them to sustain long term recovery.

Observing this generation of new leaders in recovery using all the skills they have gained from their personal journeys is a gift to our nation. In a world of cultural and political wrangling and name calling, blaming and demonizing the recovery community has birthed a new generation of young voices that are humble, authentic, service oriented and hold themselves accountable for their actions.

At the YPR meeting last fall in a room of diverse backgrounds and cultural perspectives they listened to each other, focused on the common mission, took individual responsibility and collective responsibility to build a social change movement. They elected a Chair who runs a youth program in a conservative Christian church and hired an Executive Director who is a progressive public policy advocate and openly gay. They saw nothing unique or unusual in this decision. Since the first of the year these two leaders have grown the leadership group from 13 to 25 with representation from 15 states. There are 8 chapters up and running and three in formation.

Many have participated in programs that have built their knowledge base, leadership skills and networks with peers around the country through state and federal programs.

**Faces and Voices of Recovery** have provided media training and public policy advice to help build their capacity. Parents and members of the recovery community have contributed financially, and with in kind services to support this work.

YPRs are part of what they call a "market segment" that drinks coffee, soft drinks, water, joins health clubs, social clubs, participates in leisure activities, travels, enrolls in educational institutions, buys cars, rents and own houses....in other words, a great big consumer group that happens to be in recovery. Kudos to the consumer brand products promoting their commitment to fight all types of cancer, today YPRs are asking their recovery be celebrated in the market place as well.

Many young people in recovery believe that paying a few more cents for beer, wine and liquor could create a pool of funding so large anyone who needed recovery services could access them. They ask why this kind of legislation has not been passed when there are at least 100,000 million people in this country who have been directly affected by the disease of addiction.

They are using the fearlessness and passion of youth to challenge our assumptions about what is possible. They are putting themselves on the line and taking a stand to break the stigma of addiction and mental health.

The National Youth Recovery Foundation has challenged our assumptions, fears; desire to play it safe and jumping over the edge with this extraordinary generation of leaders in recovery.

### What Lies Ahead

2013 is our launch year and how appropriate for us to organize events around the country called **Over the Edge**. No ballroom

*NEW GENERATION continued page 12*

# The Secret Voice

By ALAN COHEN

This year, like every year, ABC will air The Ten Commandments around Easter and Passover. Originally released in 1956, the movie remains a perennial favorite, dominating the ratings whenever it shows. Even though the dialogue is campy, the special effects old school, and the elder Moses' long white beard totally fake, the film holds up. It is an inspirational classic, replete with meaning and loved through generations.

I purchased The Ten Commandments DVD and listened to the commentary by film historian Katherine Orrison, who was privy to many behind-the-scenes secrets about the making of movie. The sage came to its second most famous scene, where Moses encounters God at the burning bush atop Mt. Sinai. When Moses asks God why He has not rescued the Hebrew people from the bondage of slavery in Egypt, God tells Moses that He will execute the deliverance through Moses himself. Moses asks God what is His name, and He answers, "I am that I am."

At that point in the commentary, Ms. Orrison explained that for many years the identity of the actor who played the voice of God was kept a secret by director Cecil B. DeMille. Finally the legendary filmmaker revealed that the voice was none other than that of actor Charlton Heston, who played Moses. Heston's voice was technologically manipulated so it sounded deeper and more resonant, but Heston it was.

This admission packs a huge metaphysical wallop. While it appeared that Moses was addressing an entity outside of himself, he was really talking to his own higher self. The mortal man met the divine being, and they were one. We pray to God until we pray from God.

In the classic Hindu epic Ramayana, Hanuman, depicted as half-monkey, half man, is the dedicated servant of Ram, the incarnation of God. At a poignant moment Hanuman says to Ram, "When I forget who I am, I serve you. When I remember who I am, I am you." Sometimes we are monkeys and sometimes we are God. Ultimately we are only God.

The other significant revelation of the Mt. Sinai dialogue, straight out of the biblical book of Exodus, is that God reveals that Moses himself will lead the slaves to freedom. Their liberation will not be executed by a cosmic hand coming down from the heavens, scooping them up, and placing them in the Promised Land. The drama was played out on the human stage. Many biblical scholars say that Moses was unconfident to accept the mission because he had a speech impediment. When He asked God how he could he possibly confront Pharaoh to plead for his people's liberation, God told him, "I will tell you what to say." So Moses didn't have to do it all himself. He just had to show up and be willing, and God would take care of the details.

## So it is for You and Me

You don't have to know how. You just have to know what. When you are clear on the what, the universe will take care of the how. In A Course in Miracles, a passage known as "the healer's prayer" reveals a formula for how to pray before entering into any situation in which you feel unsure of yourself. "I am here only to be truly helpful. I am here to represent Him who sent me. I do not have to worry about what to say or what to do, because He who sent me will direct me. . ." (A Course in Miracles Text, p. 27). We are all Moses leading the world from the slavery of fear to the Promised Land of inner peace.

You may not be assigned to move an oppressed nation from one country to another, but you have many opportunities each day to see yourself and others as capable and deserving to live in a domain far broader than the one to which you are accustomed. We all feel trapped in one way or another. There is a better, richer, freer way to live. One way or another, we will find it. Not through magical intervention, but through waking up to our true selves and innate power.

I also find it fascinating that the true identity of the speaker of God's voice in the movie was kept secret for many years. This also bears significant symbolic value. Your true

identity has also been kept secret for many years. You have been told that you are a limited human being, confined to the boundaries of your body and a very small world prescribed by fear. The truth that you are so much more than your body and you have the right to freedom far beyond what the world shows you, has gone unpublicized. The word "sacred" literally means "secret." Your sacred identity has been kept a secret.

Yet, like the truth about The Ten Commandments, the day comes when the director reveals the way it actually was and is. The voice of God is your own. When you talk to God, you are talking to your true self. Your desire to know and be God is God discovering Itself through you. Mt. Sinai is a metaphor for the journey to the inner mountaintop where you meet the God within.

This classic movie is shown every spring when what appeared to be dead comes alive again. Behold your own story played out on the movie screen and the world around you. The freedom of greater life calls to you now and you will claim it.



Alan Cohen is the author of many popular inspirational books, including the newly-released *Enough Already: The Power of Radical Contentment*. Join Alan in person for Living Miracles, a celebration retreat May 29-June 2 in Loveland, Colorado. For more information about this program, Alan's other books, free daily inspirational quotes, and his weekly radio show, visit [www.alancohen.com](http://www.alancohen.com), email [info@alancohen.com](mailto:info@alancohen.com), or phone (800) 568-3079 or (808) 572-0001.

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## Does the Use of Marijuana in College Increase Risk of Dropping Out?

Using marijuana in college may increase the risk of leaving school, a new study suggests. Researchers found even students who only used marijuana occasionally were more likely to leave than their peers who did not use drugs.

The study included 1,133 college students, who were followed over four years. The researchers found students who used marijuana more than 17 days a month were twice as likely as those who used marijuana less than a day per month to have an enrollment gap while in college, *HealthDay* reports. Even students who used marijuana three to 12 days a month were more likely to have an enrollment gap, compared with those who did not use marijuana.

The study found drugs other than marijuana also were significantly associated with dropping out of college.

"We wanted to look at whether or not drug use interferes with goals students had set for themselves. Our results show that marijuana use is not a benign thing," said lead researcher Dr. Amelia Arria, Director of the Center on Young Adult Health and Development at the University of Maryland School of Public Health. The findings appear in the *Journal of Studies on Alcohol and Drugs*.

In a second study, published in the journal *Psychiatric Services*, Dr. Arria found students who experience depression symptoms and seek treatment in college may be at risk for an enrollment gap, particularly if they use marijuana or other illegal drugs.

If students' depression was identified and treated before they went to college, they were not at risk for enrollment gaps, the study found.

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- Momentum – outpatient treatment for long-term mental illness

Intake representatives are available 24 hours a day to schedule appointments for assessment. St. Luke's Behavioral Health Center does not have an Emergency Department and does not offer emergency services.

Call 602-251-8535 or 800-821-4193 to schedule an appointment for a free assessment.  
[stlukesbehavioralhealth.com](http://stlukesbehavioralhealth.com)

its available. [www.SierraTucson.com](http://www.SierraTucson.com).

**MAY 8— 8 – 11:30 a.m.** Phoenix Area Professionals' Breakfast, Sponsored by **Sierra Tucson and Prescott House**. "OUT for Excellence: Best Practice Essentials for Serving Lesbian, Gay, Bisexual, and Transgender Clients," Speakers: Kyle J. Penniman, M.S.W., LISAC, CADAC, ICADC, and Julian Melson, an LGBTQ Training Facilitator. The Pointe Hilton Squaw Peak Resort, Convention Center, 7677 N. 16th Street (& Morten Ave), Phoenix. Pre-registration at [www.SierraTucson.com](http://www.SierraTucson.com) by 5/1/13: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). 3.0 Cultural Diversity CE Credits available. For info, visit [www.SierraTucson.com](http://www.SierraTucson.com) or contact Lisa Jane Vargas at 480-722-0893 or [LVargas@SierraTucson.com](mailto:LVargas@SierraTucson.com).

**MAY 6-10 – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Relationships Retreat.** This five-day retreat focuses on learning what constitutes a healthy relationship and how to attain it. Facilitated by Rokelle Lerner. Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743-2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

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

**On Going Support**

**Co-Anon Family Support Group** - Carrying the message of hope and personal recovery to family members and friends of someone who is addicted to cocaine or other mind altering substances. "Off the RollerCoaster" Meeting, Thursdays, 6:30 - 7:45pm, 2121 S. Rural Road, Tempe, Our Lady of Mount Carmel Church. Contact Donna **602-697-9550** or Maggie **480-567-8002**

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

**Emotional Healing Journaling Workshop**, effective strategies to manage unwanted habits and compulsive behaviors. Thursdays 7-8:30pm. Facilitated by Elisabeth Davies, MC. \$20 per workshop. Includes a copy of Good Things Emotional Healing Journal: Addiction. 9401 W. Thunderbird Road. Suite 186. Peoria (602) 478-6332 [www.GoodThingsEmotionalHealing.com](http://www.GoodThingsEmotionalHealing.com)

East Mesa PAL-Group **Support Group for Parents in East Mesa**. Broadway Christian Church, 7335 E. Broadway Rd. (Just East of Power Rd.) Mesa, AZ 85208 (Park on West Side Toward the Front and Go to West Lobby Classroom) Thursday 7:00 – 8:30pm. FREE. Contact: Tim Skaggs: (480) 981-0802 e-mail: [tskaggs@bccmesa.com](mailto:tskaggs@bccmesa.com)

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

p.m. *Facilitator: Mike Finecey, MA, LPC, LISAC.* **GESTALT THERAPY Support.** Group will help attendees acquire the tools to make self-regulating adjustments that enhance their lives. Wednesdays, 6:30 - 8:00 p.m. *Facilitators: Deborah Weir, MC, LPC and Barry Evans, MC, LPC.* Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale. **480-948-7460. [www.thecasa.org](http://www.thecasa.org)**

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

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

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

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

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

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

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

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

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

**CELEBRATE RECOVERY—Chandler Christian Church.** Weekly Friday meetings 7 p.m. Room B-200. For men and women dealing with chemical or sexual addictions, co-dependency and other **Hurts, Hang-ups and Habits.** 1825 S. Alma School Rd. Chandler. **480-963-3997.** Pastor Larry Daily, email: [larrydaily@chandlercc.org](mailto:larrydaily@chandlercc.org).

**GA Meetings** —ACT Counseling & Education in Phoenix and Glendale. **Tuesday, Spanish** (men preferred) 7:00 -9:00 pm. 4480 W. Peoria Ave., Ste. 203, Glendale. **Thursday, Spanish** 7:00 - 9:00 pm 4480 W. Peoria Ave., Ste. 203, Glendale. **Sunday, Spanish** 6:00 - 8:00 pm 4480 W. Peoria Ave. Ste.

EVENTS continued page 13



# Fetal Alcohol Syndrome is Preventable

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AZ NicA	480-990-3860	Rape Hotline (CASA)	602-241-9010
Alcoholics Anonymous	602-264-1341	Remuda Ranch	800-445-1900
Al-Anon	602-249-1257	Runaway Hotline	800-231-6946
ACA	602-241-6760	Sexaholics Anonymous	602-439-3000
Aurora Behavioral Health	623-344-4400	Sex/Love Addicts Anonymous	602-337-7117
AZ Office of Problem Gambling	800-NEXTSTEP	Sex Addicts Anonymous	602-735-1681
AWEE	602-258-0864	SANON	480-545-0520
Banner HELP LINE	602-254-4357	Sober Living of AZ	602-478-3210
Bipolar Wellness Network	602-274-0068	Suicide Hotline	800-254-HELP
Calvary Addiction Recovery	866-76-SOBER	St. Lukes Behavioral	602-251-8535
Cocaine Anonymous	602-279-3838	Step Two Recovery Center	480-988-3376
Co-Anon	602-697-9550	Teen Dating Violence	800-992-2600
CoDA	602-277-7991	TERROS	602-685-6000
COSA	480-232-5437	Valley Hospital	602-952-3939
Commun. Info & Referral	1-877-211-8661	Workaholics Anonymous	510-273-9253
Community Bridges	877-931-9142		
Cottonwood de Tucson	800-877-4520	<b>TUCSON</b>	
Crisis Response Network	602-222-9444	Alcoholics Anonymous	520-624-4183
The Crossroads	602-279-2585	Al-Anon	520-323-2229
Crystal Meth Anonymous	602-235-0955	Anger Management Intervention	520-887-7079
Emotions Anonymous	480-969-6813	Co-Anon Family Groups	520-513-5028
EVARC	480-962-7711	Cocaine Anonymous	520-326-2211
Gamblers Anonymous	602-266-9784	Cottonwood de Tucson	800-877-4520
Greater Phx. Teen Challenge	602-271-4084	Crisis Intervention	520-323-9373
Grief Recovery	800-334-7606	Information Referral Helpline	800-352-3792
Heroin Anonymous	602-870-3665	Half-Way Home	520-881-0066
Magellan Crisis Hotline	800-631-1314	Narcotics Anonymous	520-881-8381
Marijuana Anonymous	800-766-6779	Nictone Anonymous	520-299-7057
The Meadows	800-632-3697	Overeaters Anonymous	520-733-0880
Narcotics Anonymous	480-897-4636	Sex/Love Addicts Anonymous	520-792-6450
National Domestic Violence	800-799-SAFE	Sex Addicts Anonymous	520-745-0775
NCADD	602-264-6214	Sierra Tucson	800-842-4487
Nicotine Anonymous	877-TRY-NICA	The S.O.B.E.R Project	520-404-6237
Office Problem Gambling	800-639-8783	Suicide Prevention	520-323-9372
Overeaters Anonymous	602-234-1195	Tucson Men's Teen Challenge	520-792-1790
Parents Anonymous	602-248-0428	Turn Your Life Around	520-887-2643
Psychological Counseling Services (PCS)	480-947-5739	Workaholics Anonymous	520-403-3559

To get listed email: [aztogether@yahoo.com](mailto:aztogether@yahoo.com)

dinner with long speeches for this movement. No celebrity spokespersons. No stories of addiction only celebrations of the amazing journey of recovery.

Over the Edge events will take place in Los Angeles and Boca Raton Florida and hopefully two other cities this year. Members of the recovery community their family and friends will celebrate recovery by rappelling from the roof of the Hollywood W Hotel and the Boca Raton Marriott. Yes you heard it right and you too can take the leap or if not you can sponsor a young person, your boss, your friend or family member to "Go Over the Edge."

Ready or not Recovery Community  
- HERE WE GO

To learn more about the National Youth Recovery Foundation and Young People in Recovery visit: [nationallyouthrecovery.org](http://nationallyouthrecovery.org) and [youngpeopleinrecovery.org](http://youngpeopleinrecovery.org).

*Cathie Hartnett is the Executive Director of the National Youth Recovery Foundation, which is building a citizen based organization supporting programs and public policy for young people in long term recovery from addiction. Hartnett is a principle at Portfolio Innovators, a newly formed investment fund investing in successful entrepreneurial companies that need help growing to the next level. Hartnett also manages the Kevin J. Mossier Foundation.*

*Cathie hosted a radio show for Hubbard Broadcasting for 10 years which kept her up on Hollywood gossip, and currently provides political commentary for ABC affiliate for KSTP television in the Twin Cities.*

*She spent 17 years in Washington, DC working in electoral politics working for the Leadership of the House of Representatives and was the Delegate Coordinator for President Carter's National Conference on Women.*

*Hartnett was recognized by MS Magazine as one of the 80 Women to Watch in the 80's, U of M Alumni Magazine - "40 graduates under 40", Minnesota Lawyers "100 Smartest People in Minnesota", and recognized as a Distinguished CLA Graduate of University of Minnesota.*

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or the bathroom counter, and it is there for the taking," Salvador Baeza, a pharmacist who directs the West Texas Regional Poison Center in El Paso, told the newspaper.

Safe Kids advises parents and other caregivers to store medications out of sight and out of reach. SafeKids CEO Kate Carr recommends that parents ask grandparents and other relatives to secure medications when their children are visiting. "That can be an awkward conversation," Carr said. "But you can just say that 'I have a very curious child who is just at that age where they get into everything.'"

### A High Price to Pay for Energy, Is it Worth the Risk?

Monster Energy has agreed to market its drinks as beverages, instead of dietary supplements, *CNN* reported. The company's decision comes after 18 public health experts asked the Food and Drug Administration (FDA) to restrict caffeine content in energy drinks.

### The FDA also received 21 claims of adverse reactions, some which required hospitalization, associated with Red Bull.

The company's products will not change, but their label will soon include the amount of caffeine in each can, the article notes.

Monster Energy has been implicated in the deaths of five people, while the possible involvement of 5-Hour Energy has been cited in 13 deaths. In one case, a 14-year-old girl reportedly died of cardiac arrhythmia after consuming two 24-ounce Monster Energy drinks. The FDA also received 21 claims of adverse reactions, some which required hospitalization, associated with Red Bull.

Energy drink manufacturers say their products are safe, and the amount of caffeine in them is on a par with coffee and other commonly consumed drinks.

Under federal law, manufacturers of dietary supplements are required to notify the FDA of any adverse events linked to their products. Manufacturers of food or beverages are not required to do so.

*Consumer Reports* analyzed Monster Energy's contents last year, and found there was about 90 milligrams of caffeine in an 8-ounce can. The drink is available in sizes up to 24 ounces. In contrast, a 16-ounce Starbucks Grande contains 330 milligrams of caffeine.

In January, a government report found the number of emergency room visits involving energy drinks doubled from 2007 to 2011, reaching more than 20,000. The report, from the Substance Abuse and Mental Health Services Administration (SAMHSA), found most cases involved teens or young adults. SAMHSA calls consumption of energy drinks a "rising public health problem." The

# The Mellow Yellow Sunshine Superman

By Coach Cary Bayer  
[www.carybayer.com](http://www.carybayer.com)

On Facebook, I posted a photograph of myself with Donovan, the 2011 Rock and Roll Hall of Fame inductee. It inspired many responses from Facebook friends about the legendary folk troubadour. It also made me remember the many times I hung out with the meditating minstrel: at a Chicago concert, when he invited me into his dressing room to share his post-performance peace, because I was a teacher of Transcendental Meditation (TM); at the Open Center in New York, where we posed for photos; and the time in Woodstock, NY, when I invited him to my one-day meditation retreat, which he might have attended if he wasn't on that day's panel at the Woodstock Film Festival.

A Flower Child poet/singer/songwriter, he's been inviting us for more than four decades to close our eyes and dive within, to the center of great peace inside of us. In 1968, he spent months with Maharishi Mahesh Yogi at the guru's India ashram by the Ganges. His double-album, "A Gift from a Flower to a Garden," features a photo of the singer presenting a flower to the guru.

Donovan wanted to share his peace with the world through music. "There is an Ocean" is intended to inspire listeners to meditate in order to find the unbounded ocean of pure consciousness.

*"There is an ocean of vast proportion  
And she flows within ourselves.  
To take dips daily we dive in gaily,  
He knows who goes within himself."*

To experience this peace, requires closing the eyes, and allowing the mind to settle into a state of Being or pure consciousness:

*"The abode of Angels, the mystical Promised Land,  
The one and only Heaven, the God of man  
Is but the closing of an eyelid away."*

Physiologists discovered that the Samadhi that TM creates is a state of such deep relaxation, it's as if the nervous system has quietly ceased any activity:

*"There is a silence of pure excellence  
And she flows within ourselves.  
To appreciate, we deactivate,  
He knows who goes within himself."*

Donovan knows that Samadhi's bliss comes to the meditator when the conscious mind quietly lets go of all perception and thought, and enters a state of pure Being. In "Happiness Runs," we hear:

*"Happiness runs in a circular motion  
Thought is like a little boat upon the sea.  
Everybody is a part of everything any-  
way,  
You can have everything if you let yourself  
be."*

On the 1996 album, "Sutras," (Sanskrit for aphorisms), he sings "The Way," in which he describes the One that pervades all things:

*"Out of nothing comes the one  
Out of one comes the two  
Out of two comes three  
Out of three comes all things"*

*He elaborates on this mysterious One:  
"You cannot see when it began  
Follow it there is no end  
...It has no name it is so great  
It is not seen it is not heard  
Nothing done or left undone"*

Today, as chairman of the musical wing of the David Lynch Foundation to help at-risk children learn meditation, he hopes that listeners will be inspired to find the Enlightenment that's the purpose of their time here on earth.

*"With no obstacles, and no fear  
Liberates herself, from illusion  
Now to realise perfect Nirvana  
Gone, Gone, Gone to the other shore  
O-awakening. All hail.  
Nirvana, Nirvana, Nirvana, Nirvana"*

He's also looking to raise funds to found Donovan/Maharishi University in Scotland, to bring Enlightenment to his homeland. As he sang in "Nirvana:"

*"Thanks to this, Perfect Wisdom  
Arrive at full and right, universal enlight-  
enment"*

Donovan concludes the "Sutras" CD, which was produced by Rick Rubin, the meditating record producer guru, with "Universe am I," in which he prophetically sees the world awakening:

*"One day when the scientist he'll see  
The loving energy  
Make Universe to shine  
One day when the secrets of the Sun  
Enlighten everyone  
The Universe will shine  
This day as I stand before you all  
I hear the Cosmos call"*

And he concludes with the vision of himself becoming all that is in Unity Consciousness:

*"In the golden temple of the Sun  
I see the Fiery one  
The Universe will shine  
Homo-Sapien am I no more  
Beyond beyond I soar  
The Universe Am I"*

## Banner Behavioral Health

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# Study Finds Underage Drinkers Prefer Top Alcohol Brands



By CELIA VIMONT

**“According to the National Institute on Alcohol Abuse and Alcoholism. By age 15, half of teens have had at least one drink, and by age 18, more than 70 percent of teens have done so.”**

The first national study to identify alcohol brands consumed by underage youth finds the top 25 brands accounted for almost half of youth alcohol consumption. Nearly 28 percent of underage drinkers consumed Bud Light in the past month, while 17 percent drank Smirnoff malt beverages and 15 percent drank Budweiser.

Underage drinkers consume far fewer brands than adults tend to drink, according to study co-author David Jernigan, PhD, Director of the Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health. The study found that other brands popular among underage youth include Smirnoff Vodkas, Coors Light, Jack Daniel’s Bourbons, Corona Extra, Mike’s, Captain Morgan Rums and Absolut Vodkas.

“We monitor what brands of cigarettes kids are smoking, which was how we knew about the popularity of Joe Camel,” Dr. Jernigan says. “But until now, no one has been monitoring what brands of alcohol they are drinking. We’ve shown that this kind of study can be done, and now it should be done on a regular basis.”

Dr. Jernigan says this report paves the way for future studies to examine the link between exposure to alcohol advertising and marketing efforts, and drinking in young people.

By age 15, half of teens have had at least one drink, and by age 18, more than 70 percent of teens have done so, according to the National Institute on Alcohol Abuse and Alcoholism. Dr. Jernigan notes many studies have found the more young people are exposed to alcohol advertising and marketing, the more likely they are to drink. If they are already drinking, such exposure leads them to drink more.

In the new study, researchers at CAMY and the Boston University School of Public Health conducted an online survey of 1,032 youth ages 13 to 20. Participants were asked about their past 30-day consumption of 898 brands of alcohol among 16 alcoholic beverage types. They answered questions about how often and how much of each brand they consumed. The study appears in *Alcoholism: Clinical & Experimental Research*.

Dr. Jernigan plans to look at how much the price of alcohol influences which brands underage youth drink, and to what degree they are mimicking adult consumption by choosing the same brands as adults. He will also be examining the relationship between youth exposure to alcohol ads by brand and the brands they choose to drink.

“This research will lead to insights that will inform public policy,” he says. “Everybody has gut sense that some brands are appealing to kids more than others. Now we know for which brands that is working.”

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## EVENTS from page 11

203, Glendale. **Sunday, English** 6:30 - 8:00 pm 5010 E Shea Blvd., Ste. D-202, Phoenix. Contact Sue F. 602-349-0372

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

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

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

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

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

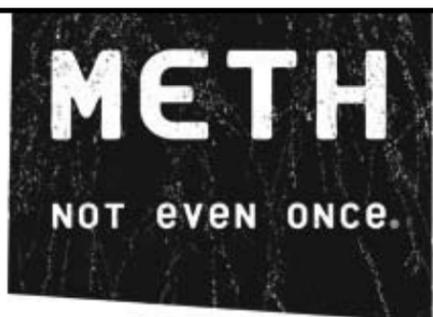
**OVEREATERS Anonymous**—Teen Meeting, Saturdays 4:00 p.m. 1219 E. Glendale Ave. #23 Phoenix. www.oaphoenix.org/602-234-1195.

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

**FOOD ADDICTS Anonymous**—12 step group. [www.Foodaddictsanonymous.org](http://www.Foodaddictsanonymous.org)

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

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



[MethProject.org](http://MethProject.org)

The Partnership at Drugfree.org announced that the Meth Project—one of the world’s leading prevention organizations, renowned for its effectiveness—will become a part of The Partnership’s efforts to reduce substance abuse. The Meth Project’s public education programs, advertising campaigns, prevention tools, and family of websites, including MethProject.org, will be a part of The Partnership’s comprehensive national efforts to reduce substance abuse among teens.

The research-based program has had a profound effect, first in Montana, where teen meth use has dropped 63 percent and meth-related crime has declined by 62 percent. The success of the Meth Project in Montana led to its adoption by seven additional states that have seen similar results. Teen meth use is down 65 percent in Arizona and 50 percent in Idaho.

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# The Recovery Chef

## Nutrition in Recovery; Versatile Vinaigrette

By Lisa MacDonald, MPH, RD, Director of Nutrition Services at Cottonwood Tucson and Executive Chef, Richard Serna

Spring has sprung and summer is just around the corner. With warmer temperatures and increased availability of seasonal fruits and vegetables, it is time to please our palates with lots of fresh salads. Salads can be extraordinarily healthy or they can be deceptively laden with calories and fat. Healthy, low fat vinaigrette can be a great way to add flavor without too many calories or fat grams. In this Fine Herb Dressing much of the fat found in traditional vinaigrettes is replaced by thickened vegetable stock, while leaving some olive oil for flavor and consistency. The acidity of the vinegar and the bit of fat in the dressing are helpful in the absorption of vitamins and minerals found in vegetables.

Summer brings lots of grilling opportunities. Vinaigrettes make a great marinade for fish, poultry, pork and beef. Marinades are fantastic for adding flavor and for tenderizing meat. The acidic ingredient, vinegar, helps to break down proteins making meat more tender. (Tip-pineapple is a great addition to a marinade as it contains an enzyme that breaks down protein creating very tender meat.) Fish should only be marinated for 30 minutes as it is already tender protein. Don't forget to marinate your veggies too-the flavor is amazing whether you are grilling, baking, roasting etc.

Besides adding flavor and tenderizing protein, there is another great reason for marinating proteins. When beef, poultry and fish are grilled at high temperatures, substances can form that are carcinogenic-cancer causing. These substances are called heterocyclic amines (HCA) and polycyclic aromatic hydrocarbons (PAH). Acidic marinades decrease the formation of heterocyclic amines. Here are some other techniques to avoid formation of HCA and PAH: cook at 350-400 degrees, keep flames from coming into contact with the food, do not blacken or char, turn foods often, trim fat so it does not drip onto to the coals, and use a foil pan to catch drippings. Enjoy the tastes of the season with this flavorful vinaigrette presented by Chef Richard Serna.

*Lisa MacDonald, MPH, RD is the director of Nutrition Services at Cottonwood Tucson. Lisa is a Registered Dietitian with expertise in nutrition education, weight management and eating disorders.*

*She has worked in a managed care organization, a public health agency and in the health and wellness/spa setting. Lisa is committed to scientific integrity and the "non-diet" approach to weight management.*

*Chef Richard Serna serves as Executive Chef at Cottonwood Tucson. Cottonwood is a dual diagnosis rehabilitation facility that wanted to foster a holistic approach to recovery. As any chef knows, health begins with what you eat. Richard has completely revitalized the culinary program at Cottonwood in only two years.*

*He became sous chef for Chef Cary Neff at Miraval Life in Balance Spa, which was voted*

## Fine Herb Dressing

Presented by Executive Chef Richard Serna  
Cottonwood Tucson

8oz rice wine vinegar  
 ½ Tbsp Dijon mustard  
 ¼ cup fresh spinach  
 1/8 cup fresh parsley  
 1/8 cup fresh basil  
 1/8 cup fresh oregano  
 1/8 cup fresh chives  
 ½ Tbsp fresh thyme  
 2½ large roasted shallots (see recipe)  
 4 each roasted garlic cloves (see recipe)  
 1 ½ oz honey  
 2 cup thickened vegetable stock  
 ¼ cup olive oil

### Instructions:

In blender, add vinegar, roasted garlic, roasted shallots, honey and Dijon mustard. Blend until most of it is smooth. Combine all the fresh herbs until well blended. Slowly add in the thickened vegetable stock. Once incorporated, slowly add the olive oil

\*All Nutritional Facts estimated by ESHA Research SQL Food Processor Programs



*the #1 spa in the world while he was there. Next he was the sous chef at Enchantment Resort in Sedona. He ran the sushi bar at AJ's Fine Foods, attended the culinary program at Pima Community College, and did his internship at the Anaheim Hilton.*

## RECOVERY SERVICES

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Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health System	623-344-4444
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Bill Ryan, Interventionist	602-738-0370
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Community Bridges	480-831-7566
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Cottonwood de Tucson	800-877-4520
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Dr. Janice Blair	602-460-5464
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English Mountain Recovery	877-459-8595
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## Children of Divorced Parents More Likely to Smoke as Adults

Children of divorced parents are more likely to smoke when they reach adulthood, compared with their peers whose parents have stayed together, a new study finds.

Researchers at the University of Toronto studied more than 19,000 adults. They found men who were younger than 18 when their parents divorced were 48 percent more likely to have smoked at least 100 or more cigarettes, compared with men whose parents stayed married. For women who were under 18 when their parents divorced, the increased risk of smoking was 39 percent higher, compared with women whose parents stayed together, HealthDay reports.

"Finding this link between parental divorce and smoking is very disturbing," study lead author Esme Fuller-Thomson said in a news release. She noted the association between parents' divorce and their children's smoking remained even after taking into account such factors as education, mental health issues, parental addiction or childhood abuse.

"Each of these characteristics has been shown in other studies to be linked with smoking initiation," she said. "However, even when we took all these factors into account, a strong and significant association between parental divorce and smoking remained."

The researchers did not determine why adults who were children when their parents divorced were more likely to smoke. They may have used smoking as a coping mechanism, according to co-researcher Joanne Filippelli. "Some research suggests this calming effect may be particularly attractive to those who have suffered early adversities," she said.

The study is published in *Public Health*.



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