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Inspiring Success On The Road To Recovery

January 2013

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WINGS

By JANICE BLAIR, PhD



The moment I saw this picture I recognized myself — my most primordial self. Three arms around my son, the fourth anchoring us. Every mother knows that this is the safest place in the world for her child. Rational and wise parenting in the midst of such a deep visceral connection has been my personal Everest for nearly eighteen years. In all my orangutan fervor to get John solidly rooted, I lost sight of my main job as a parent: to prepare him to leave me.

The process of shifting the family structure from roots to wings, hands-on guidance to hands-off availability, is meant to be deliberate and steady. Separation from the parent is as essential and natural as separation from the diaper, the security blanket and the training wheels. Be that as it may, theoretical knowledge had me as prepared for the letting go as Lamaze classes had me prepared for 16 hours of labour. We all have a crushing moment when the eventuality really hits us. Mine was the day I taught John to ride a bike — I remember being so intentional about balancing support with freedom and then suddenly grasping that.... this is what he'll always need me to do. The little boy who raced to greet me when I picked him up at the Education Station would grow into the young man who mastered the tuck-and-roll in order to shave ten seconds off his time with me as I dropped him at school.

Rev. T.D. Jakes says children are like arrows. They need to be directed. You aim arrows but you don't push them. You pull them away from their target — this pulling away creates and stores potential energy that gets transferred to the arrow and causes its projection. Hard times when our children must pull themselves up by their bootstraps are just the arrows being pulled back so that when they're released they thrust forward. This wisdom implies that I shouldn't stew

WINGS cont. page 3

When Prescription Drugs Become the Problem

A Community Alert & Call to Action

By DR. FRANK SCARPATI, PRESIDENT/CEO
COMMUNITY BRIDGES, INC. (CBI)

There is still a “war on drugs”, we are losing the fight, and people we care about continue to die. A dose of reality sometimes helps and the truth is, legal and illegal drugs are never going away. Though the war on illegal drugs has continuously been fought in our time, prescription drugs can be just as deadly. The staggering statistics connected to this “silent epidemic” deserves heightened attention and a call to action in 2013.

You can be the difference between hope and despair or life and death.

- The Centers for Disease Control (CDC) released a report in 2011 confirming that deaths from legal prescription pain relievers are now greater than heroin and cocaine overdoses combined, and have also surpassed all motor vehicle deaths in this country.

- In Arizona, 476 million pills were prescribed in 2011. Pain Relievers accounted for over 50% of these scripts.

- Nearly three out of four prescription drug overdoses are caused by prescription painkillers. Opiate overdoses (once almost always due to heroin use), are now increasingly due to abuse of prescription painkillers.

- These are 2010-2011 figures. Following these trends into 2012, 2013 and beyond it is clear that we are experiencing a **“growing” problem of epidemic proportion.**

Prescription drugs can be powerful allies to treat pain, but they also pose serious health risks due to unintentional overuse. Prescription drug “abuse” is defined as the “intentional” use of a medication “without” a prescription; in a way “other than” as prescribed; or for the experience or feeling it causes. Unintentional overuse is not intentional abuse. According to the National Institute of Drug Abuse (NIDA), the number of unintentional overdose deaths from prescription pain relievers has soared in the U.S., quadrupling since 1999. Multiple factors are likely at work:

- Misperceptions about their safety. Because these medications are prescribed by doctors, many assume that they are safe to take under any circumstances. This is not the case. Prescription pain medication acts directly or indirectly on the same brain systems affected by illicit drugs. Using a prescription medication other than as prescribed can directly or indirectly lead to unintentional overuse, addiction, overdose, and death.

- And yet availability increases. Between 1991 and 2010, prescriptions for opioid analgesics increased from about 75.5 mil-



“In Arizona, 476 million pills were prescribed in 2011. Pain Relievers accounted for over 50% of these scripts.”

Arizona Criminal Justice Commission, 2012.

lion to 209.5 million. Source: National Survey on Drug Use and Health (Substance Abuse and Mental Health Administration Website)

Misperceptions about safe use along with the increasing numbers of prescriptions written have dramatically changed their impact in the past decade. Pain medications physiological impact is short acting (often as little as 3 to 4 hours) and the process of addiction is quick: medication is prescribed for physical pain; the body quickly develops a “tolerance” for the medication; more of the medication is then needed to address the underlying pain; the medication becomes “necessary” because the body “needs” it to maintain the “new norm” established by increasing levels of addictive chemicals in the system; the original pain doesn't go away; and the pain of withdrawal now exceeds the original pain the medication was prescribed for in the first place. The resulting unintentional dependence on prescription medications represents the greatest epidemic in drug use since crack cocaine ravaged our country in the 1980's and 1990's.

The Ripple Effect

According to the most recent Monitoring the Future study — the Nation's largest survey of drug use among young people — prescription drugs are now the second-most abused category of drugs after marijuana. And the most common way teens get started on prescription pills, according to the U.S. Drug Enforcement Agency, is through the medicine cabinet at home. The next wave of unintended addiction is already here. Source: Monitoring the Future (University of Michigan Website)

Responsible physicians who prescribe

painkillers to legitimately treat a medical condition, such as chronic pain, have been caught in a cycle of unintended consequences that support “doctor shopping” and “pill mills”. And the subsequent mistrust of requests for medication by individuals who truly need medication for their condition negatively impacts the system's ability to reasonably respond to their need. Hospital emergency rooms are becoming inundated with patients “demanding pain meds.”

The Victim

Chris McKay knows firsthand how prescription drugs can ruin a life. Wracked with pain from a bad back, McKay, 39 had surgery in 2008. For over three years, he lived with excruciating pain and took a succession of painkillers, including Vicodin and Oxycontin. Due to the rapid increase in tolerance, McKay was taking 30 to 40 pills a day and stayed in bed most of the time, but physicians kept renewing his prescription. Follow-up surgery finally fixed his back, but by that time he needed the medication.

Five or six times he tried to quit on his own, going through painful withdrawal, but he ended up back on the painkillers. “The medication completely takes over,” McKay said. “It was killing me. If I'd had it my way, I would have been dead to get relief from the misery I was inflicting on myself and loved ones who were watching me crumble right before their eyes.”

Symptoms of dependency to his opiate medication were not only physical, but he began to suffer the social and emotional consequences. “It's hard to comprehend it when you

Prescription Drugs cont. page 9

To Reduce Prescription Drug Abuse, Focus Less on Patient Satisfaction

By Celia Vimont

Pain management education must help prescribers focus less on patient satisfaction, and more on their functional improvement, according to Sherry Green, the CEO of the National Alliance for Model State Drug Laws (NAMSDL).

Current pain management education is largely based on the concern that people in chronic pain are not receiving adequate relief, Green says. "More and more emphasis has been placed on patient satisfaction. With doctor ratings available online, some physicians are concerned that if they don't give patients what they want, they will drive them away and receive unsatisfactory ratings. That may make them less willing not to give someone the drug they're asking for." The pressure to satisfy patients may also come from hospitals, whose own ratings are influenced in part by patients' satisfaction with doctors, she adds.

Improving prescriber education was one of the topics at the recent meeting convened by NAMSDL for state and local professionals from around the country to identify legislative and policy options for addressing "pill mills" and safeguarding the legitimate practice of pain management.

Participants included doctors, law enforcement officials, medical board representatives and addiction treatment specialists. They crafted a preliminary set of proposals which NAMSDL will distribute in early 2013 to a wide variety of stakeholders for further review and comment. The goal of the multi-step, multi-disciplinary approach is to provide policymakers with practical solutions to preventing prescription drug abuse, addiction and diversion while safeguarding legitimate access to prescription drugs.

Participants at the meeting agreed patient satisfaction may be receiving too much emphasis. "There's a concern we've gone too far down that road," notes Green.

They also discussed how pill mills have fueled the prescription drug abuse epidemic.

"Pill mills do not necessarily refer to a specific location, but rather to a set of practices that is not legitimate medicine," Green says.

"Pill mills' entire focus is on prescribing drugs, without taking medical histories, performing physical exams or providing follow-up. There is no individualized care, and the same kinds of pills are given across multiple types of patients."

Legitimate pain management involves practices diametrically opposed to pill mills, according to Green. "Pain management is more holistic — it looks at other ways of treating pain in addition to pills," she notes.

Monitoring databases

Prescription drug monitoring databases as a tool for combating prescription drug abuse will be a big focus on the state level in 2013, she adds. There are many details that states must consider, including whether to require doctors and other prescribers to use the databases.

"Our goal is to see what are the best kinds of policy and regulatory changes that are needed to reduce prescription drug abuse. Once we agree, our stakeholder groups can move forward and make these changes," she says.

U.S. Military Imposes New Regulations Aimed at Reducing Binge Drinking

The U.S. military has introduced a number of measures

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publisher's note

By BARBARA NICHOLSON-BROWN

Welcome to 2013! As I write this on New Year's Day, I want to thank Dr. Frank Scarpati, CEO and President of Community Bridges, Inc. for his timely feature on prescription pain medication addiction, and the devastation it is causing families and community's nationwide. No one sets out to become addicted when seeking relief from chronic or other types of pain. Addiction to pain medication is reaching epidemic proportions. I encourage everyone holding this newspaper to read our feature and please take action with a professional if needed.

You can regain control and decrease dependence on prescription medication.

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When the prescription becomes the problem

A Program of Community Bridges Inc. (CBI)

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about the mistakes I made, what John missed, the times I took it out on someone beneath me on the food chain. It all served to propel him into a better future, according to this man of the cloth. I'm not enlightened enough to be a non-stewer nor smart enough to understand Newtonian energy but I've caught on to the incontrovertible truth that raising a child is the hardest job in the world and raising a teenager is exponentially harder.

My intentions were pure....

And my path clear when John was born. I was in the thick of my graduate years at ASU; amid all the research, academicians, adolescent and pediatric internships, I was of the mind I had it in the bag. My dossier of Child Development studies had me expecting that as long as I did my part, John's responses were more or less predictable. I was a good student so I played it by the books. As soon as he could string a few words together, I began teaching him how to think by petitioning his rationale whenever he had a request. "Can we have gummy bears for dinner?" or "can we get a pit viper?" was met with "convince me that's a good idea." Unless those conversations took place in a grocery line where onlookers were judging me, he was pretty good about accepting "I'm not convinced, move on." That all changed on his 13th birthday when he began using his artful deliberating powers for evil. The very analytic skills I had taught him now converged like a red laser on one single mission: wear mother down. He was like a homing missile locked in on its target, tracking me until impact. My best evasive maneuvers barely slowed him down. I'm still mystified as to how his adolescent brain had conveniently erased the essence of the teaching which was learn how to reason well but remember I'm the parent.

Problem-solving training met the same demise

Very early on John learned that when he made a problem he needed to come to me with a plan for solving it. In theory, this eliminated my need to create a consequence for him. I was aiming for no nagging, reminding, warning, lecturing or bartering; all that would just make it my problem. No rewards for doing the right thing — that would detract from his internal pride. In hindsight, I see I was a tad overconfident due to my grasp of operant conditioning, a rather involved behavioristic doctrine of animal psychology based on punishments and rewards. According to all the research, it's a robust, universal model that pertains to everyone from fat cat international moguls to chickens. The sole empirical exception, it turns out, is the teenager and I got sucked into the vortex of his problems as surely as light into a black hole.

The books underscore that, to the extent parents resist the evolution of their children, they'll be resented and rebelled against. We're instructed to give them all the age-appropriate choices possible within the confines of safety.

John was picking out his clothes at three (I still miss the sailor outfits) and I commend myself for not saying a word during the Muscle Shirt, Tie and Batman Cape phases. When he stopped eating coins, he got allowance that was divided into thirds — spending, college and charity — and he chose where each fund would go. The whole choice thing went without a hitch until puberty hit, at which point the system broke down in concert with all manner of ill-conceived decisions made by him. As is always the case with breakdowns, this one had all the potential for a breakthrough but at the time my clarity and resolve were eclipsed by a steady stream of crap. Chuck Yeager, the first man to fly faster than the speed of sound, stepped out of his plane and reported, "Just before I broke through the sound barrier is when the cockpit shook the most." I imagine this observation

took on a whole new meaning for him when his four children reached their teens.

This essay is for parents as unsuspecting and flummoxed as me, up there in the cockpit hanging on for dear life in a maze of emotions we can't begin to make sense of. In the spirit of self-care, I try to blame others where I can so I made it my business to investigate just who and what was responsible for the hornet's nest that was my son's early adolescence. Like all my essays, this is a mix of personal successes and failures, clinical experience and research findings. This one in particular, though, hits very close to home because of my love for the dog. Mine is the age-old story of "If I Only Knew Then..." but with a paradoxical twist: if I could turn back time to 13-year-old John, I'm pretty sure I wouldn't change a thing. He taught me that, and much more, in the five years since.

Damn you, Orville and Wilbur

The psychology books call it developmental individuating, a fancy term for preparing to leave the nest. The texts had me prepared for resistance but not for the Hostile Takeover that was my experience. The problem with hostile takeovers is that they're hostile and almost always unexpected. Overnight, John's language, clothes, "music," all of it was the Anti-me. I was 25+ years into recovery from alcohol and making it my life's purpose to help others do the same when he began smoking weed and drinking. Where I used to find Ninja Turtles in the tree house, I was now finding beer bong. Anti-me. There was an abrupt shift from house rules and my advice to peer rules and their counsel, such as it was. That felt to me like losing power and I get frightened and crabby when that happens.

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Faith Based Treatment

What does it Offer?

By D. SETH JENKINS, LPC

With many years of experience working in this field, I have had the opportunity to work in facilities that offer faith based treatment and those that don't. In a traditional "Minnesota Model" treatment center staff and therapists offer primarily Group therapy, psycho-education as well as supporting 12-step involvement. Faith based approaches include all of those things as well as opportunities for Bible study, Chapel, access to a Pastor, Daily Devotions and some type of formal or informal worship services. In our politically correct corporate world, therapists in a traditional non-faith based setting are encouraged to shy away from discussions about God. In a faith based-setting there is no such restriction.

Ask any alcoholic or addict

Ask any alcoholic or addict what their religious experience has been growing up and you will hear two of the most common responses; either "I did not grow up in a religious family," or "I had religion shoved down my throat." The second response for man — is the reason they are having trouble going to 12-step meetings and a deterrent for choosing faith-based treatment.

Many are familiar with the joke, "You can always tell an alcoholic... but you can't tell him much." The reason it is funny is because it is true; most alcoholics and addicts respond poorly to receiving a preaching. Often when they hear the word God they feel they are being sold something. They fear that hearing discussions about God will lead them to being forced into believing things that they do not.

What faith based treatment offers

Faith based treatment that incorporates 12-step involvement always involves discussion about the second and third steps. Step-2: Came to believe that a Power greater than ourselves could restore us to sanity. Step-3: Made a decision to turn our will and our lives over to the care of God as we understood Him. The second step can be narrowed down to two simple questions, "Do you believe there is a God and if so, can it do anything for you or provide healing in your life?" The third step can be turned into the question, "Are you willing to commit 100 percent to this belief, to give yourself completely to God?"

People of a religious nature can easily believe that the second and third steps mean, "I can invent a god that works for me; that God can be anything so long as it is a power greater than self." In a faith-based setting we are not asking a person to re-invent their God, we are usually asking the client to renew or re-invigorate their relationship with God. God as we understood Him becomes about

having a personal relationship through faith. In this way we can offer a person direction rather than preaching. We can help clients to find their personal relationship with their God by lighting the path and inviting them to walk it. When a person comes to treatment with a faith or belief in God we are not asking them why God doesn't keep them sober. We are asking what about your relationship with God isn't working; what are you failing to put into action.

Many people who struggle to find faith in the beginning choose to make the 12-step fellowship that power greater than self and the 12-step program the thing to turn one's will and life over to or to commit to completely. In a faith-based setting we look at each individual's spiritual understanding in the context of a journey. Many people have a different starting place, we cannot predict where their path will lead them but we want them to have a beginning. We understand that it is not for us to dictate what that starting place is but we are willing to have meaningful discussions about what is important to the client. We can discuss spiritual beliefs freely without a need to have our own spiritual experience or opinion influence the spiritual direction the client seeks

Mere attendance at Church allows someone to label himself a Christian or whatever denomination he may choose, but that does not imply the individual behaves a certain way. In exactly the same way, mere attendance at a 12-step meeting does not keep a person sober. It is in the action. The 12 steps have been described as a spiritual program of action. This is why 12-step and faith based treatment merge so well. Frank discussions about how the steps work cannot avoid spiritual discussions. The 12-steps involve a spiritual program that invites the person working them to have a personal relationship with God (whatever that means to them.) Those with a spiritual understanding are also encouraged to have a personal relationship with their God, which for them is more clearly defined.

Many clients who come to treatment initially feel that they will either go to church or a 12-step program but not both. Those willing to stick around long enough will find that one can support the other and they are not mutually exclusive.

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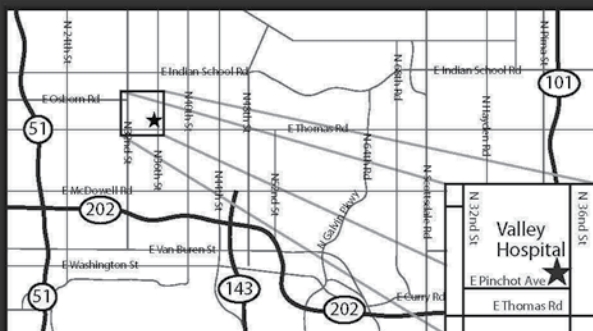


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What is Problem Gambling?



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

For most people, gambling is an enjoyable experience. Whether it is buying a lottery ticket, placing a bet on a horse race, going to a casino for an evening, or wagering privately with friends, most people gamble for entertainment or for social reasons and typically do not risk more than they can afford to lose. For some people, however, gambling leads to debilitating problems that can also result in harm to people close to them and to the wider community. These are the people we call “problem gamblers.”

Bad Choice Louie

When we think about problem gamblers, most people have a stereotype in mind, someone like Louie. When Louie was a child, his relatives would take him to the race track and place bets for him. His family's social life revolved around bingo, card games with friends, and other gambling activities. Louie started betting heavily in high school on sports and card games after several big wins.

Even while winning, Louie had fights with his parents and told numerous lies to get out of paying back friends from whom he borrowed money to gamble. As an adult, still gambling heavily on sports, card games, and horses, Louie “borrowed” more than \$30,000 from several elderly relatives. He planned to pay them back when he finally won “the big one” but instead got further and further into debt with bookmakers and loan sharks. Eventually, his wife confronted him, and his family agreed to pay back everything he owed if he would quit gambling.

Louie took the money and paid off his debts but kept gambling. Finally, again deep in debt and desperate, Louie went to Las Vegas with \$50,000 that he had taken from the company where he worked and lost it all. Louie was eventually arrested and spent time in prison.

Until the 1990s, treatment professionals and gambling researchers, as well as journalists and the general public, assumed that this picture of the problem gambler was true for all problem gamblers.

But the reality of problem gambling is more complex and diverse than the stereotype

that many of us have of problem gamblers.

Mary Ann was a single mom at the age of twenty-two, who worked odd jobs and struggled to bring up her two children. Mary Ann started getting into trouble with her gambling when she won big on bingo, once. Within a few years, she was gambling daily on slot machines at a local casino on the way home from work. It was a way to escape the stress of caring for her children and trying to make ends meet.

She began borrowing from friends, cashing bad checks, and using family food money to gamble. After a suicide attempt, Mary Ann joined Gamblers Anonymous. She had to sell her car, refinance her mortgage, and file for bankruptcy, but her story ends happily — she now works as an administrator for a small, nonprofit group that counsels problem gamblers.

While there is general agreement that some people experience serious problems associated with their gambling, a confusing array of terms has been used to refer to individuals who experience such difficulties. Some of these terms include problem gambling, excessive gambling, disordered gambling, compulsive gambling, addictive gambling, and pathological gambling.

If you or someone you know has a question or concern about gambling, seek professional help. Don't lose everything like Louie.



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.

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Effective Strategies to Manage Addiction

By ELISABETH DAVIES

Addiction is an epidemic that affects one in four people that live in America. Yet only about 10 percent of people who need treatment are receiving it. * Food is the number one addiction in America, with more than 50 percent of adolescents and adults, struggling with obesity. Nicotine is the second most common addiction in America, with 43 million cigarette smokers. Nearly 17.6 million adults in America are alcoholics, and the use of illicit drugs, specifically marijuana has increased every year since 2008. **

An addiction is formed by continued participation with a substance or behavior that activates the dopamine reward system in the brain. This continued participation can alter brain chemistry, causing cravings long after the substance or habit has been stopped. Despite the negative consequences caused from continued participation, the addict often uses the substance or behavior as a means to seek relief from an intolerable state of being that they feel unable to cope with.

The great news is that addiction is treatable and can be managed, if the person who is addicted is committed to managing the substance or behavior.

5 effective strategies to help manage an addiction:

The first one is the ability to override a craving. Cravings are the number one reason addicts relapse. A strong craving can last from 30 seconds to two-and-a-half minutes.

If you are addicted to smoking a pack of cigarettes a day, and I ask you, "Can you go 2 minutes without smoking a cigarette?" You may think this is far more achievable than going 24 hours, or the rest of your life without smoking a cigarette. Knowing that you can override one craving will strengthen your belief that you can do it again. You may get numerous cravings in a day. Manage an addiction by overriding one craving at a time.

The second strategy to manage an addiction is to use a delay tactic. Each time you get a strong craving; delay giving into it, by doing something constructive for a few minutes, until the craving decreases. Leave the room you are in, focus on a good memory, journal your feelings, doodle, call a friend, listen to a favorite song, or read a helpful article. As you practice going longer periods of time without giving into your craving, your delay tactic becomes your new choice when you get a craving!

The third strategy to manage an addiction is, DO NOT criticize your self if you relapse! Relapse is one of the symptoms of

addiction. Criticizing ourselves for a relapse causes a negative state of being. The more we criticize ourselves, the more intolerable our state of mind becomes. The more intolerable our state of mind, the more we will crave relief. Seeking relief can lead to relapse with an unhealthy substance or habit that can loop us back into choosing our addiction to cope.

The fourth effective strategy to manage an addiction is to focus on progress. A gentleman who attends my weekly addiction workshop went from smoking a pack of cigarettes a day, to 3 cigarettes a day. Instead of focusing on his inability to remain abstinent from cigarettes, I had him focus on how he was able to smoke fewer and fewer cigarettes each week. Focusing on progress, rather than perfection, encourages continued positive change.

The fifth effective strategy to manage an addiction is accountability. People who are addicted to a substance or behavior are not holding themselves accountable for their self-destructive behavior. Getting a sponsor, mentor, counselor, spiritual advisor, or sober friend that you can check in with on a consistent basis, is a form of continuing treatment and reinforces recovery goals, in managing addiction.

It is important to know that about 75% of people who have an addiction to an unhealthy substance or behavior have a mental health disorder, trauma, or abuse in their background. Addiction treatment that includes mental health counseling is more effective than addiction treatment alone. Unless you get to the root cause of why you are using substances or unhealthy behaviors to cope, relapse with unhealthy behaviors are likely to continue.

For more effective strategies to manage an addiction, you can purchase, *Good Things Emotional Healing Journal- Addiction; Effective Strategies to Manage Unwanted Habits and Compulsive Behaviors*.
Elisabeth Davies, MC

*The Science of Addiction: Drugs, Brains and Behavior. National Institute of Health. Spring 2007

** Substance Abuse and Mental Health Services Administration (SAMHSA) Sept 2011

CALVARY

Addiction Recovery Center

Located in Phoenix, AZ, Calvary Center has been a leader in addiction recovery since 1964.

Calvary's beautiful campus and compassionate, professional staff present an ideal environment for breaking the bondage of dependency. Our treatment programs are for men and women, 18 years and older, who are struggling with addiction to alcohol, drugs or gambling.

Calvary's affordable, proven treatment programs address the practical, physical and spiritual aspects of addiction setting the stage for long-term recovery and restored family life.

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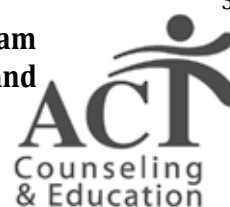
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Setting tighter limits with clear consequences

Getting outside help and support if necessary

Having productive conversations with your child share your concerns and listen.

Closely monitoring your child's behavior and activities

EVENTS CALENDAR

HAVE AN EVENT? CLASSIFIED? Email us: aztogether@yahoo.com Submissions accepted one month prior to event.

JAN. 9 — 8 - 10 a.m. Phoenix Area Professionals' CEC Breakfast— Sponsored by Sierra Tucson and Prescott House. *"The Four Gifts: A Grief Process"* Presenter: Gigi Veasey, LCSW, LISAC. The Pointe Hilton Squaw Peak Resort, 7677 N.16th St. (& Morten Avenue) Phoenix. Presentation will look at how people experience grief and therapeutic techniques to help all of us experience and move through grief. \$15 per person (No refunds after this date) At door: \$25 per person (cash or check only) 2 Continuing Education Credits available. LVargas@SierraTucson.com or call 480-722-0893

JAN 7-11 – TUCSON – COTTONWOOD TUCSON – InnerPath Women's Retreat. A five-day retreat has been designed 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 or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com for information and registration.

JAN 14-18 & FEB 25-MARCH 1 – 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 or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com for information and

FEB.6, ST. LUKE'S CLINICAL BREAKFAST SERIES: ETHICS IN FAMILY WORK: The Dual Relationship, Presented by Lori Waldberg, LCSW. 8:00 AM – 9:00

AMBehavioral Health Center Auditorium, 1800 E. Van Buren. 1 CEU. Breakfast, networking. FREE. 602-251-8799.

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. **1-800-414-9880 www.merrittcenter.org**

APR 15-19 – TUCSON – COTTONWOOD TUCSON – InnerPath Women's Retreat. This five-day retreat has been designed 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 or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com for information and registration.

ON GOING SUPPORT

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

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

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**

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 or call Jana at **520-743 2141** or email at 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

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

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.

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. 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

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.**



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Sundown M Ranch has been in operation since March 1968. Over 114,000 adults and adolescents afflicted with the disease of alcoholism and drug addiction have been led back to sober, productive lives by our dedicated, well trained professional staff.



Prescription Drugs from page 1

are so deeply involved," recalls Chris' fiancé'. "Little did I know, he was doctor shopping, buying medication on the streets, and slowly finding his way to heroin when he could no longer afford the medication."

McKay will tell you that he slowly slipped deeper and deeper. It was easy at first to get what he needed but when he began taking more than the prescribed amount, managing his pain was no longer just up to the doctor. This is where heroin (an illegal painkiller) often plays a role in the progression for so many. The two drugs are similar enough that one may substitute for the other. Heroin is incredibly cheap when compared to the street price of the prescription meds.

It was at that point that McKay knew he could not get out alone.

McKay's fiancé was successful in connecting him to help at CBI's "Unscript" program. "Unscript" was created in 2012 to meet the increasing numbers of men and women seeking help to eliminate their dependence on opiates and benzodiazepines.

Now married with a baby on the way, he is pain and opiate free. "You can get help," he said. "It will bring life back. You can smell and taste and see everything in a whole new light. Thank God I am on the other side of Hopeless. Today, I have Hope."

What You Can Do

This is not just an issue for the medical community to sort out. YOU can make a difference if you know someone suffering from a physical dependence on prescription medication. Delaying treatment could be a fatal mistake. For help with how to approach the subject of dependency or the warning signs of addiction, CBI offers guidance from our physicians and nurse practitioners who are dedicated to helping individuals "back out" of a life of devastating unintentional dependency.

You can also get involved by encouraging neighbors, friends, and family to dispose of any unneeded medications in their homes. The Drug Enforcement Administration



will host its fourth National Take Back Day on Saturday, April 28th, 2013. Visit www.DEA.gov to find a collection site in your community.

"Unscript"-When the Prescription is the Problem.

You can regain control and eliminate unintended dependence on prescription medication. To get "Unscripted" from an unintentional dependency on prescription medications like opiates and benzodiazepines (or if you've gone beyond prescription meds to street drugs) requires an integrated medical team to properly diagnose and implement a medical intervention. CBI's "Unscript" program offers medical evaluation, medical detoxification, education, counseling, and ongoing medical supervision and coordination of outpatient care. "Unscript" medical staff are highly trained in treating physical dependency and offer the proper combination of care, education, and ongoing support to effectively break the chain of dependency.

Community Bridges Action

CBI will continue to take action in our communities through promoting policy changes; raising public awareness; providing

ongoing training-for medical and behavioral health professionals; advocating for increased access to treatment; and enforcement of use of controlled substance laws. CBI is currently working on identifying and responding to the complex issues that influence the dependence on prescription drugs and supports the state's efforts to monitor the manufacturing, distribution and consumption of all prescription drugs.

The Controlled Substances Prescription Monitoring Program (CSPMP) is a program developed to promote the public health and welfare by detecting diversion, abuse, and misuse of prescription medications classified as controlled substances under the Arizona Uniform Controlled Substances Act. Every physician who possesses a DEA registration is required to also possess a CSPMP registration issued by the Arizona Board of Pharmacy. The purpose of this legislation is to improve the State's ability to identify controlled substance abusers or misusers and refer them for treatment, and to identify and stop diversion of prescription controlled substance drugs in an efficient and cost effective manner that will not impede the appropriate medical utilization of controlled substances. Source: Controlled Substances Monitoring Program (Arizona State Board of Pharmacy Website)

To Learn More:

CBI is committed to helping individuals who are struggling with unintentional addiction. To speak with a CBI medical professional now, contact our 24/7 Access to Care line at 877-931-9142. CBI's Community Education team also provides education and training opportunities for emergency responders, schools, treatment providers, and the workplace. Symposiums and large or small group presentations can also be arranged for concerned family members, friends and victims of prescription drug overuse and unintended dependence.

To learn more, visit us online: www.CommunityBridgesAZ.org

CDC Vital Signs: Prescription Painkiller Overdoses in the US, November 2011 Report

- Nearly 15,000 people die every year of overdoses involving prescription painkillers.
- In 2010, 1 in 20 people in the US (age 12 or older) reported using prescription painkillers for nonmedical reasons in the past year
- Enough prescription painkillers were prescribed in 2010 to medicate every American adult around-the-clock for a month.
- The National Institute of Drug Abuse (NIDA) is also leading efforts to develop pain medications with diminished abuse potential, such as those that bypass the reward system of the brain. To that end, NIDA is supporting research to better understand how to effectively treat people with chronic pain, which may predispose someone to become addicted to prescription pain relievers, and what can be done to prevent it among those at risk. Community Bridges is committed to this effort and will continue to raise the level of awareness and hopefully reverse the trend of increasing numbers of victims of unintentional dependency.



Since February 1996, Dr. Frank Scarpati has been the President/Chief Executive Officer of Community Bridges, Inc.(CBI). CBI has been incorporated as an Arizona private non-profit since 1982 and currently employs over 750 individuals in programs providing services at 30

locations throughout Arizona serving over 75,000 individuals and families each year.

BY ALAN COHEN

Many years ago a young Kansas City artist struggled to get his cartoons published in city newspapers. His offerings, however, were met with rejection after rejection. “Forget it,” editors told him. “You have no talent. Get a real job.” But the artist felt that he did have talent and he refused to compromise his career.

Finally the artist found himself holed up in a mice-infested garage, penniless. Bored, he began to sketch his environment, especially one little mouse who ran back and forth on his window sill. Over time the artist made friends with the rodent and the two developed a relationship. He named the mouse “Mickey.”

The artist was Walt Disney, and you know the rest of the story. Disney went on to establish the most expansive entertainment empire in the world, with amusement parks spanning the globe, major film and television companies, and countless spinoff products. Over the years Walt, Mickey, and their entertainment progeny have provided limitless joy for hundreds of millions of children and their families. If you have every visited one of the Disney parks or watched Disney films or television, you can thank Walt Disney for trusting his talent.

Everyone has a bankable talent. You came to earth for a purpose. On the deepest level you are here for a spiritual purpose, to discover your identity and your value in the cosmic plan. You also have a form of expression in the world, to serve others while fulfilling yourself. Do not stop until you have tapped into your talent and expressed it. It is why you are here.

In biblical times, a “talent” was a high-value unit of currency, about 80 pounds of silver, equal to the wages paid to a man for about twenty years of work. Translate that into the dollar amount for twenty years of work today, and you will understand its huge worth.

The biblical parable of the talents tells of a householder who left home for a long time and gave three servants talents to use wisely. When the master returned, he found that two of the servants had invested their talents and generated a significant return. The third servant, however, had simply hidden his talent in the ground and made no use of it whatsoever. The master was highly displeased with this servant, and cast him out.



The parable teaches that talents are valuable only if you use them. If you “hide your light under a basket,” the light doesn’t get to do what it was created to do. If you ignore or deny your talents, the world misses the blessing you were born to bring to it, and you miss the spiritual and material reward you deserve.

A more modern wayfarer, Cesar Millan grew up poor in Mexico in a house with no running water. Young Cesar was shy and unpopular, and other kids made fun of him because he spent time with dogs; they laughingly calling him “El Perrero,” or “dog boy.” In 1990 at age 21 Cesar crossed the border into the U.S. as an illegal immigrant, paid for by his father’s \$100 investment in his son’s better future. Speaking no English, homeless, and penniless, Milan walked the streets panhandling, and hung out in a park. There Milan befriended people walking their dogs and helped them improve their pets’ behaviors. Eventually Cesar got a job in a dog grooming shop, where he helped tame an aggressive Cocker Spaniel. The owners liked him and gave him a key to the store so he could get off the streets and have a place to sleep and shower.

Milan moved to Los Angeles, where he worked hard

in a car wash. The owner gave him a van to start a mobile dog training business. Cesar met actress Jada Pinkett (who later became actor Will Smith's wife) and helped her with her dog. Pinkett was so impressed that she introduced Cesar to her Hollywood friends and paid for him to get a tutor for a year to improve his English. In 2004 the National Geographic Channel gave Cesar Milan his own television show, which became a hit and fueled his worldwide reputation as "The Dog Whisperer." Milan's show, broadcast in 80 countries, has spawned five bestselling books, a line of pet products, several dog sanctuaries, and generous charity donations.

One has to wonder what the world would be like without the gifts bestowed by Walt Disney, Cesar Millan, and Stephen Jobs, who quit college to design fonts, and eventually built the Apple empire. Do you believe you have less to offer than them? You may not be interested or destined to build an

empire, but you can build a kingdom of heaven raising your child, waitressing in a restaurant, or helping the elderly. God has given everyone a unique talent to serve and find reward, including you.

The beginning of a new year is a perfect time to take stock of your talents. What comes easily and naturally to you? What would you do even if you weren't getting paid for it? What do people compliment you for? These are all clues to your talent. This year don't bury your talent or hide it under a basket. It's why you're here.



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St. Luke's Behavioral Health Center offers a full spectrum of inpatient and outpatient services using a holistic approach to treatment that addresses each person's physiological, psychological, spiritual and social needs. Services include:

MENTAL HEALTH

- Adult Outpatient
- Adult Inpatient
- Child/Adolescent Inpatient

CHEMICAL DEPENDENCY

- Adult Outpatient
- Adult Inpatient Detox
- Adolescent Outpatient

OTHER SERVICES

- Generations/Geropsych – inpatient psychiatric and medical care for patients ages 55+
- 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



“You Are What You Eat” *Fact or Fiction?*

By LISA OVERTON

The National Institute of Mental Health estimates that 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. This doesn’t take into account the number of people with substance use disorders. Even though SUDs are in the Diagnostic and Statistical Manual, they are not listed on the NIH website as mental disorders. At the same time, people the world around are eating more processed and genetically-altered foods, laden with preservatives, pesticides and unnecessary additives like sugar and high-fructose corn syrup.

Allow me to relate some personal experience. I have a daughter who is 14 years old. Since puberty, she started exhibiting a number of symptoms: intolerable irritability, inability to cope with stress, quick to anger, easily frustrated, extreme mood swings, poor grades, memory problems, bouts of crying and sadness and irregular menstrual cycles. At first I attributed her symptoms to hormones. Some school officials were murmuring “Attention-deficit” and “Hyperactivity Disorder,” and recommended medicating my child. I refused, but when the problems continued to worsen I sought medical attention. Fortunately, I have an awesome osteopathic family doctor. He referred us to a nutritionist and several tests were performed using blood and spit that was collected.

The diagnosis: she suffered from what they termed a “leaky gut syndrome.” They explained in her gut, an imbalance of the normal bacteria caused the mucus lining of the small intestine to develop tiny holes, and toxins from food were leaking into her bloodstream, creating the havoc of symptoms I described above. They prescribed a strict diet with no sugar, gluten or dairy products for several months, and placed her on probiotic supplements to help even out the bacteria and yeast in her system. One yeast that was particularly out of balance was Candida. Within a few days of removing the sugar, gluten and dairy from her menu, she displayed a remarkable transformation: my happy-go-lucky daughter returned, and all of her symptoms abated.

In my daughter’s case, I am fortunate that her physician didn’t prescribe psychotropic medication. There are many problems that people suffer from today which may be caused by something in their diet. With all the processed food that is the staple of American eating habits, and the proliferation of genetically-modified organisms (GMOs), it may be that sensitivities to these kinds of “food” are causing many of the symptoms and disorders that we are seeing.

What mother of a toddler can’t vouch for the observable behavioral differences after their offspring indulge in sugar-laden treats? Salesmen can confirm that people are more amenable to making a purchase on a full stomach. Our own treatment centers urge us to beware of being too hungry, angry, lonely or tired. Yet these same treatment

centers dispense nutritionally-deficit coffee and donuts to their clients. Maybe that’s one way to keep patients coming back for more treatment.

I am not so obtuse as to claim all mental illness is caused by poor diets, or too much junk food. I am suggesting that we take a closer look into the link between people’s behaviors and what they are eating. Some of the symptoms that may mask as mental illness like fatigue, mood swings, nervousness, anger issues, migraines and eating disorders may in fact be caused by food allergies or sensitivities.

“Processed food is laden with preservatives and derivatives of food in forms that are toxic to sensitive people. Are not many alcoholics and addicts sensitive people?”

The old saying “we are what we eat” contains truth. Our bodies are designed to extract nutrients from our food. But processed food is laden with preservatives and derivatives of food in forms that are toxic to sensitive people. Are not many alcoholics and addicts sensitive people?

Very few studies have been completed on the long-term effects of GMOs on our bodies. There are processes that take place at the molecular level which are being disturbed by the introduction of genetically-altered foods. The processed food industry opposes measures attempting to require labeling of their products. If they are not worried about the consequences of these foods, why not let the public know what they are consuming?

At least one recent study has shown that depression may be a neuropsychiatric manifestation of a chronic inflammation in the intestinal tract. And Julia Ross, a clinical psychologist and author of The Mood Cure states that modern dieting can bring about a condition where neurotransmitters (serotonin, catecholamines, GABA and endorphins) are not being produced by the brain because of the absence of certain amino acids in the diet. When these neurotransmitters are low, Ross says, some people become irritable or quick to anger, even becoming violent, which Ross believes leads to many incidents of domestic violence. Other people exhibit signs of depression, becoming apathetic or having no energy, suffering shakiness, teariness and in general an increased inability to deal with stress. Still others are overwhelmed by anxiety.

My advice?

Check with a physician or a nutritionist and examine what we are eating. There are dozens of website devoted to this subject. GreenMedInfo.com and The World’s Healthiest Foods (<http://www.whfoods.org/>) are two that are recommended.

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Leaving the Life

By NANCY TODD, MA
Founder, *Because She Matters*

Many recovering addicts supported their drug habits with sex work. Whether they traded sex for drugs, stripped, acted in the porn industry or worked the streets, the resulting damage is often the same — posttraumatic stress disorder (PTSD) and lifelong emotional distress. There is a life after leaving the sex industry, however. With help in exiting and reframing their experiences, many former sex workers lead productive, happy lives.

The Slide into Sex Work

Even without physical abuse, many former sex workers describe a childhood of profound emotional neglect and emotional abuse. Study after study finds that most sex workers were molested as children. These emotional and sexual abuses set the stage for a search for bonding often met after a runaway meets a pimp at a bus station or finds a father figure in an older man. They ultimately use that young girl's neediness to exploit her.

So I'm Clean — Now What?

After working with this cohort for many years, we know that stopping drug use and quitting prostitution may not coincide. While many men and women come into a 12-Step program and immediately stop their lives of crime, with sex work, it may not be so straightforward.

A talented stripper or escort can make more than \$1,000 a night. To ask a sex worker with few job skills and perhaps a criminal record to work for minimum wage may be unrealistic. Many women stop using drugs yet continue to turn tricks or strip. They may attend meetings and pretend that everything is fine in their double lives. Eventually, though, their secret becomes toxic and they must reach out for help. This is where we can help. How can we best support women trying to exit the sex industry?

The Exit Cycle

Stopping drug use may occur quite suddenly. The addict may overdose. An arrest and referral to treatment may take place. Perhaps the family intervenes successfully. With sex workers, stopping their profession is not always so simple. We know that exiting the industry often occurs like this model.

In her seminal work on exit roles, Helen Rose Fuchs Ebaugh describes a clear exit cycle. This exit cycle includes this pattern:

- Periods of extreme doubt about the woman's role as a sex worker.
- Seeking an alternative to the sex industry.
- A turning point — the proverbial straw that breaks the camel's back. This may be an event like a beating, rape or perhaps

- the birth of a child.
 - Finally, the sex worker creates a new identity after she finds a clear exit path.
- The pattern, according to Ebaugh, looks much like this model.

Other researchers in substance abuse exit using Ebaugh's model found that any negative influences at any stage of this exit cycle might delay this exit by as much as six years. We know that with the violence often surrounding sex work, these women may not have six years. Positive reinforcement is critical for this cohort. Our best defense is to educate social workers and medical professionals to make use of those crises when possible to provide a clear message that there is a life beyond the sex industry.

How Can We Best Support Former Sex Workers?

Just like some addicts who relapse repeatedly before they finally surrender their addiction, sex workers often keep "regulars" or strip part-time as they go to college or learn new job skills. Our role as counselors and sponsors is to listen and remain nonjudgmental. What these men and women who are grappling with their livelihood need is very often simply a listening ear.

How Can We Help?

Over time, as sex workers stay clean and begin to experience a new spiritual paradigm, they work hard to build a new career. They must consider, however, how their new life will look and that is where we can help.

First, we can be that non-judging friend or therapist who listens, refraining from offering advice. This means we must work our own codependency program to be truly effective. As we listen to the sex worker recount the insanity associated with her life in the industry — the violence, the drug use and the chaos (which may be important catalysts driving her further toward recovery) — it may be hard for us to refrain from offering suggestions. However, if the sex worker is even considering leaving the industry, he or she is working through the issues and usually only seeking emotional support as she considers her choices. Processing her feelings in a safe and supportive atmosphere is imperative for the sex worker who is trying to exit the industry and to reframe and make sense of her experiences.

Next, after the woman interrupts her addiction to drugs or alcohol, referral to an Adult Child of Alcoholic/Dysfunctional Parents meeting may help the recovering sex worker deal more effectively with the pain of his or her childhood. There is tremendous shame in our society associated with sex work. Former sex workers carry that burden of shame and secrecy. Pointing the sex worker



"With help in exiting and reframing their experiences, many former sex workers lead productive, happy lives."

to the childhood origins of her pain can help her understand that she was a victim, not a terrible person.

Many sex workers despair of finding a career. That they will always work in fast food or as a housecleaner is the believable lie. Learning job skills or obtaining an education helps sex workers. The skills these women used to survive in the industry and on the streets are beneficial in today's business world. Many former sex workers go on to become highly successful investigators, counselors, healers, writers and even an architect, to list but a few professions where we have seen them excel.

Early in the career planning process, the sex worker should explore if she wants to work in a profession where she must deny her past. If she chooses to work in traditional industries like banking, retail or manufacturing, she may feel she lives a double life because she cannot reveal her history. If she decides to work in a helping profession, she may sacrifice income for the freedom to speak her truth. Making this choice early in her career planning can make the difference between finding her true path and merely existing in a corporate environment where she can may always live in fear of exposure.

Finally, former sex workers usually need ongoing counseling or emotional support. Most sex workers suffer from severe post-traumatic stress disorder. Melissa Farley, Ph.D., director of the Prostitution Research and Education in San Francisco, performed the first study in 1998 of posttraumatic stress disorder in prostitutes. Her study revealed that ongoing physical and sexual assault in this cohort created a high level of PTSD. Sixty-seven percent of the sex workers she

interviewed met the criteria for a PTSD diagnosis. In her study, the level of PTSD in her sample was actually higher than for a sample of Vietnam veterans.

The first time someone acknowledges the level of fear and horror the sex worker may experience during her time in the sex industry may be a turning point in her recovery.

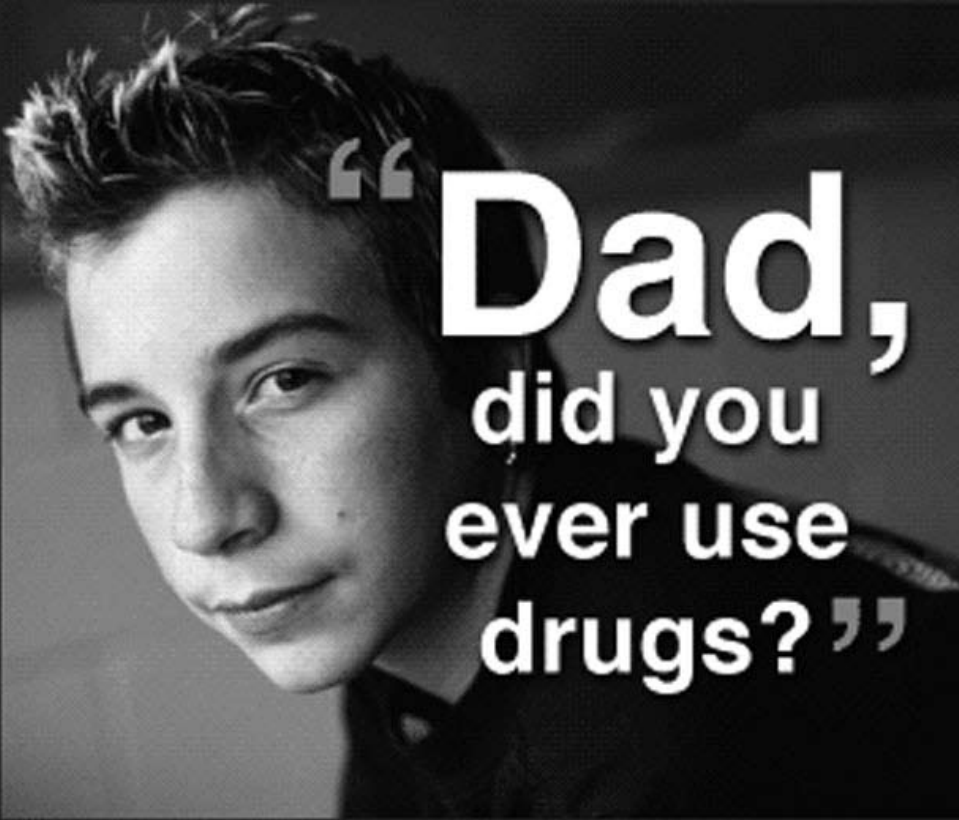
A Life after Sex Work

Several support groups can help sex workers reframe and reintegrate their experiences. Talking with other survivors is vital for women exiting the life. Others who have been sex workers will acknowledge the residual feelings from sex work — the trauma, the shame, the secrecy — providing the former sex worker a safe place to discuss her fears and difficulties of reintegrating to a life without sex work.

Sex Workers Anonymous (or Prostitutes Anonymous as the Phoenix-based meeting is called) help support women in their exit. Because She Matters, a support group meeting monthly in Phoenix, helps sex workers reframe their experiences. Family members of sex workers are also welcome to discuss the impact their loved ones' choices have on their lives.

It is critical that former sex workers find other survivors of the sex industry to begin the healing and to provide ongoing support. With support, life improves.



Nancy Todd, MA, is the founder of Because She Matters, a support group that offers hope to sex workers and their families. Reach Nancy via her blog at <http://www.becauseshematters.blogspot.com> or at becauseshematters@gmail.com.





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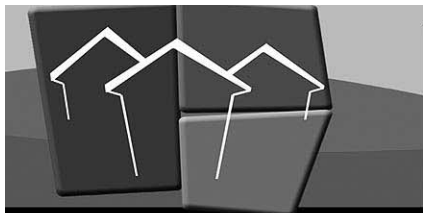



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“Physicians and parents should be aware that both overeating and binge eating are quite common in adolescents, and these problems put them at risk for other problems, such as drug use,” lead researcher Kendrin Sonneville of Boston Children’s Hospital told Reuters. “The earlier we can screen for who is at risk, the more able we are to prevent the onset of drug use.”

Dr. Sonneville said pediatricians should talk to their patients about eating patterns. Parents who notice their child is eating much more than usual in one sitting should consult the child’s doctor, she advised.

The children in the study, who were between the ages of 9 and 15 when it began, filled out health questionnaires every year or two between 1996 and 2005. During that period, 41 percent started using marijuana, and 32 percent used other illicit drugs. Those who reported overeating were 2.7 times more likely to start using marijuana or other drugs. Binge eaters—those who lost control during overeating—were 1.9 times more likely to start using drugs.

The findings appear in the *Archives of Pediatrics & Adolescent Medicine*.

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NEWS from page 2

aimed at reducing binge drinking, NBC News reports. Service members and addiction specialists say alcohol abuse in the military is widespread.

Initiatives include a program to give random breathalyzer tests to Marine Corps members; bans on some overnight liquor sales for U.S. military personnel in Germany; and a rule barring American service members in Japan from leaving their residences after having more than one alcoholic beverage.

The new rules come several months after the Institute of Medicine published a report that found binge drinking in the military increased from 35 percent in 1998, to 47 percent a decade later. According to the report, substance abuse among members of the U.S. military and their families has become a public health crisis. The Defense Department’s approaches to preventing and treating substance abuse are outdated, the report states.

Dr. Charles P. O’Brien, chairman of the panel that wrote the report, and Director of the Center for Studies of Addiction at the University of Pennsylvania, told NBC News the panel found there is only one doctor in the entire U.S. Army trained in addiction medicine. “This is a specialty where we need more people and they’re not there,” he said. “So, most people are not getting treated with evidence-based medicine.”

The report recommended the military’s health system, called TRICARE, change its rules to allow members struggling with substance abuse to be treated with anti-addiction medications such as Suboxone. O’Brien said he has learned that the suggestion has not yet been implemented.

Treatment Rate Jumps for Addiction to Benzodiazepines and Narcotic Pain Relievers

Treatment admissions for people addicted to both benzodiazepines and narcotic pain relievers jumped 569.7 percent between

2000 and 2010, according to a new government report. Overall, substance abuse treatment admissions increased 4 percent over the same period.

The report, by the Substance Abuse and Mental Health Services Administration (SAMHSA), found 33,701 people received treatment for addiction to both medications in 2010, *Science Daily* reports.

“Clearly, the rise in this form of substance abuse is a public health problem that all parts of the treatment community need to be aware of,” SAMHSA Administrator Pamela S. Hyde said in a news release.

“When patients are battling severe withdrawal effects from two addictive drugs, new treatment strategies may be needed to meet this challenge. These findings will help us better understand the nature and scope of this problem and to develop better approaches to address it.”

According to the report, 38.7 percent of those with this combined addiction began using both drugs in the same year, while 34.1 percent first became addicted to narcotic pain relievers, and 27.1 percent started with benzodiazepines.

Almost half of patients treated for the combined addiction also had a psychiatric disorder. Non-Hispanic whites accounted for 91.4 percent of combination treatment admissions. Women accounted for 49.2 percent of such admissions, and people ages 18 to 34 represented 66.9 percent of those treated.

Children and Teens Who Overeat More Likely to Start Using Marijuana

A new study finds children and teens who overeat are more likely to start using marijuana and other drugs, compared with their peers who don’t eat too much. The study is based on surveys of almost 17,000 youth, Reuters reports.

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Facts & Figures

Prescription drug abuse IS STILL DRUG ABUSE... It is dangerous and can be deadly.

- **2,500** teens begin abusing prescription drugs each day.
- Many kids believe medications are safer to abuse than illegal drugs – but abusing prescription drugs can lead to addiction, overdose and even death.
- Next to marijuana, the most common drugs teens are using to get high are prescription medications.
- 70% of people 12 and older who abuse prescription drugs say they get them from a friend or relative.
- The most commonly abused prescription drugs are pain medications, sleeping pills, anti-anxiety medications and stimulants (used to treat attention deficit/hyperactivity disorders).
- 1 in every 5 teens in America has taken a prescription pain medication that was not prescribed for them.
- 60% of teens who have abused prescription painkillers did so before the age of 15.
- 12-17 year olds abuse prescription drugs more than ecstasy, heroin, crack/cocaine and methamphetamines combined.


Partnership for a Drug Free America/ONDCP, "Teens and Prescription Drugs", Feb., 2007. Office of National Drug Control Policy, Prescription for Danger, January 2008. Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH), 2008.



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WINGS from page 3

I think I speak for orangutans everywhere when I say that we feel safer enforcing the rules of play than simply sharing our ideas and inspiring them to make good choices. And in our defense, it's easier to pass the baton to someone who's headed in the right direction. My son's peer group was known as The Usual Suspects.

The seed of most great technologies and scientific discoveries is someone observing how nature works. One of the common threads woven into all of nature is the wisdom to go with a current that's larger than you (there are some hapless exceptions like the salmon but it serves them right for trying to go home again). To go with is energizing and empowering; to go against is depleting and frightening. Integral to good parenting is understanding the current you're in and then staying awake. The turbulence of the rapids carrying our kids to adulthood is necessary for healthy development. Everywhere in nature, from the butterfly struggling its way out of the cocoon to Pluto breaking free from the Asteroid Belt, we see things evolving into a higher form because of the struggle. We should no more resist our teenager's drive toward independence than we would resist childbirth when labour starts. Transitioning from womb to world is typically not smooth, John's certainly wasn't (although it did have all the elements of a good story — perilous obstacles, nerve-racking moments, hand-some doctor, happy ending). Tough for the mother, tougher on the baby who's yanked from its comfort zone in one fell swoop. Making the break as a teenager, one hand in childhood dependence, the other straining to break free from the gravitational field of the home to find their new rightful place, is yet another harrowing about-face. This one is accompanied by years of labour pains and there's no epidural. As I watched my young man storm-chasing, posturing, floundering, I thought this is what poor Mrs. Wright must have felt like when her boys began fashioning their first airplane.

How a teenager is like a subatomic particle

A hundred years after Max Planck proposed that the teeniest form of energy comes in tiny lumps called quanta, it's still a theory that's shrouded in mystery. No one knows how or why these lumps work. They not only go against common sense, they go against all known laws of physics. You can't ever know

where a quantum is in space and time; in fact, it can be in more than one place at a given time as if to throw you off the trail. It can spin both clockwise and counterclockwise simultaneously. This will sound eerily familiar if you're the parent of a teenager and the next few paragraphs are intended to shed some light on the source of our whirling dervishes.

Adolescents don't think like the rest of us. It's not their fault. The changes in their physical appearance pale in comparison to the Greek tragedy playing out inside their Mohawk-shaved heads (those of you who didn't get to experience the head shaving and hair-dying missed something really special). As a parent, the timing of my son's brain development is something I intend to take up first thing with whoever checks me in at the Pearly Gates.

Here's the flaw: one of the last areas to mature is the prefrontal cortex — the reasoning, rational, moral, sound judgment, goal-setting, impulse control, look-before-you-leap brain. Throw an adult into a brain scanner and you watch this part of the brain and its pathways to and from the emotional centre light up when confronted with a choice, especially an emotional choice. Not so with the teen. The healthy adult brain feels an emotion, then sends the information to a cortex fully equipped with a Pause button, giving us time to consider possible outcomes and reason our way to the best choice. The Pause button is that little gap between the impulse and the action — very underdeveloped in teens. The power in that gap should not be underestimated; the ability to pause is the foundation of free will. It literally gives you the choice to step away from the disturbance and consider your options. Think of it as an emotional muscle and, like all muscles, the more you use it the stronger it becomes; the more you don't act on your impulses, the more they lose their control over you. This takes years of practice and is the seat of emotional intelligence. That said, there are plenty of adults who aren't exercising their god-given right to the gap; we can all relate to letting our emotions get the best of us and reacting badly in the moment. It happens fast and we always rue the day. The teen brain feels like that all the time because the button is just being installed and the bugs take years to work out. This working out phase is not to be confused with dysfunction; their brains are just not done.

During this growth phase, the neural pathways themselves are being heaped with

WINGS continued page 15

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more myelin, increasing both the speed and accuracy of the trillions of messages constantly being relayed. Here again, the cortex is the last in line which contributes to the teen's lack of critical, practical and abstract thinking. On one hand my 13-year-old son could rapidly compute complex math problems in his head and consolidate vast amounts of information the night before an exam, which I witnessed firsthand because I was in charge of cramming.

On the other, he had difficulty organizing simple daily tasks and his capacity to think into the future, and by future I mean dinnertime, was barely superior to that of his basset hound.

Cognitive and emotional development are outcroppings of neural development and not about gaining more knowledge as much as qualitative changes in the way a person thinks. It's absolutely crucial for parents to recognize that the thoughts and actions of children and adolescents are constrained by the developmental stage they're in. To expect a 6-year-old to have the empathy of a 12-year-old is to put unrealistic expectations on them; to expect a 16-year-old to have a grasp of delayed gratification and future consequences sets up undue conflict, poor self-esteem in the child and a lot of frustration and guilt for the parents.

The mature and reasoning cortex

The mature and reasoning cortex taking its sweet time is not, in and of itself, a problem. The rub is that the more primitive survival brain is up and running like a Swiss watch. This is the part of the brain that keeps teenagers focused on primal tasks such as finding a mate, elevating their status with peers and seeking pleasure activities such as sex and novelty. Its only consideration is the next 60 seconds, so it leaps well before it looks. The zest for risk-taking and novelty-seeking, intrinsic to the transition into adulthood, has been the bane of my existence for the past five years. To make matters worse for me, teens perceive and experience risk differently than adults do – their brains have them hyper-focused on the challenge to the exclusion of any possible outcome and they are neurologically stoked by the presence of others.

Also up and raring to go is the emotional centre of the brain, an unassuming little almond-shaped blob called the amygdala. The amygdala is a drama queen. All information passes through this emotionally charged filter which produces a powder keg when coupled with a sensitive and underdeveloped stress management system and the hormonal bedlam going on in the teenage brain. Whereas adults process information from the reasoning frontal cortex, our teens are operating from their emotional, impulsive, what's-to-become-of-me-in-the-next-minute brains. No one's more awestruck by the five million years of intelligence tucked away in that little section of brain than me, but I'd rather not have it in the driver's seat as son navigates his way through adolescence. Someone's going to get a piece of my mind. *Maybe it will be Darwin.*

To read the entire article online visit www.togetheraz.com



Dr. Blair received her Ph.D. in Clinical Psychology at Arizona State University and is trained and experienced in the assessment and treatment of psychiatric disorders, with an expertise in addiction. She completed intern-

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Walt Whitman: Poet of Enlightenment

It's often enlightening to return to something you love that you haven't visited in a while. I had that pleasure when I attended an exhibit at the South Street Seaport Museum in Manhattan that commemorated a century and a half of Walt Whitman's poetry.

Whitman presents the most expanded and happiest vision of any American poet. His consciousness was more evolved and spiritually developed than probably any other American man of letters.

I wrote a masters thesis called "Walt Whitman: Poet for an Enlightened Age," when I was a graduate student and teaching assistant at Maharishi International University in Iowa.

If you didn't realize that he's a cosmic poet, allow me to share with you a little Whitman sampler:

"Knowing the perfect fitness and equanimity of things, while they discuss I am silent, and go bathe and admire myself."

"Who makes much of a miracle? To me every cubic inch of space is a miracle."

*"Long enough have you dream'd contemptible dreams,
Now I wash the gum from your eyes,
You must habit yourself to the dazzle of the light and of every moment of your life."*

"The universe is in myself—it shall pass through me as a procession."

"Bibles may convey and priests expound, but it is exclusively for the noiseless operation of one's own Self, to enter the pure ether of veneration, reach the divine levels and commune with the unutterable."

*"Has anyone supposed it lucky to be born?
I hasten to inform him or her it is just as lucky to die, and I know it."*

"I am the mate and companion of people, all just as immortal and fathomless as myself, (They do not know how immortal, but I know.)"

The museum show featured a pair of boots he used to wear. This brought my mind back to his depiction of higher consciousness in the Song of Myself line, "(I) am not contain'd between my hat and boots." I read his lov-

ing letters to the family of a dying Civil War soldier, whom he visited daily for months when he was a volunteer nurse. Then I was reminded of his unforgettable line, also from Song of Myself: "I find letters from God dropt in the street, and every one is sign'd by God's name."

There was a tape of some lines from his 1888 poem, "America," that was read a couple of years later by Whitman, himself, into Thomas Edison's new phonograph machine. It was the first time that I actually heard the voice of the great "son of Mannahatta," and detected the 19th century New York accent of the Long Island native, just a year before his death. This, and some lines from his epic "Song of the Open Road," brought me back to my springtime teaching trip cross country, during which time I listened to a tape of actors reading his poetry.

There were 150-year-old references to equality for women and for the rights of homosexuals. As I looked around at other people milling through the exhibit, it was thrilling to see his words being read by openly gay men and women, and straight people, too. To see how close a woman (Senator Hillary Clinton) got to running as the Democratic Party's nominee for President, I realized how far ahead of his times Whitman was as an advocate of female equality. To realize that "Don't ask/don't tell" has been abolished by the U.S. military so many years after Whitman wrote so eloquently of homosexual love, was wonderful.

The exhibit omitted the transcendental insights of his poetry, that I incorporated above, that are so similar to depictions of the wisdom of India. That night, I practiced the Higher Self Healing Meditation that I teach, and my mind slipped into the transcendental Self that Whitman wrote so eloquently about. I was aware of how lucky I was to regularly glimpse the cosmic insights that he tasted and wrote about on my soil, so long ago.

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