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Inspiring Success On The Road To Recovery

NOVEMBER 2013

What to Do When Your Adolescent's Behavior Changes

By Tisha Miller and Shawna Weaver

It's no secret that adolescents will be presented with the temptations of drugs or alcohol in their young lives. By the age of 15, one out of every two teens will have had at least one drink; more than 60 percent of teens have said that drugs were sold, used or kept at their school; and one in four teens has misused or abused a prescription drug at least once in their lifetime.

There is an evident need for preventative education and support for adolescents and young adults, as well as parents. This includes not only the skills to recognize the signs of a child who is using drugs or alcohol; but learning to find constructive ways to intervene, communicate and get the appropriate support needed.

As we prepare for holiday gatherings, longer breaks from school and home-bound college kids, a wary parent can be best equipped by taking time to become acquainted with the warning signs of drug and alcohol use and effective tactics to prevent and discuss substance use with an adolescent or young adult.

Below are a few signs and symptoms related to adolescent alcohol and/or drug use to consider.

Look out for:

- Behavioral changes such as being unusually clumsy, stumbling, lack of coordination; hostility or anger; decreased motivation; loud or obnoxious behavior; being deceitful or secretive.
- Personal appearance changes such as an unusually messy, careless appearance; red, flushed cheeks or face, poor hygiene; or burns or soot on fingers or lips.
- Personal habit changes including smell of smoke on the breath or clothes; avoiding eye contact; secretive phone calls; heavy use of over-the-counter preparations to reduce things like eye reddening (eye drops); nasal irritation; or bad breath.
- School or work changes including truancy or loss of interest in schoolwork; a drop in grades; or failure to fulfill responsibilities at work or school.

An important thing to keep in mind is that because an adolescent's brain is still in development, and will be until approximately age 25, some of his/her behaviors are simply natural — it's when you begin to notice changes in your teen's "normal behavior" that drug or alcohol use may be in question. You can learn more about normal behaviors through **The Parent's Guide to the Teen Brain website at <http://teenbrain.drugfree.org>.**

It's also important to note that an adolescent's experimentation with drugs or alcohol can have lasting, harmful effect on



Drug Use Surges Among Baby Boomers

Reprinted with permission from Promises

Addiction rehab centers across the U.S. are seeing more of an older demographic than your typical troubled teen or young adult — baby boomers. According to a new government study, addiction rates among baby boomers are on the rise. Substance addiction among men and women in their 50s and 60s comes with its own set of challenges, both for the therapist and the recovering addict.

According to the National Survey on Drug Use and Health sponsored by the U.S. government's Substance Abuse and Mental Health Services Administration, among adults aged 50 to 64, illicit drug use has grown substantially — a trend that the report attributed in part to "the aging — of members of the baby boom cohort" born between 1946 and 1964.

- For adults aged 50 to 54, the rate more than doubled from 3.4 percent in 2002 to 7.2 percent last year.
- For those aged 55 to 59, it more than tripled from 1.9 percent to 6.6 percent.

"Among those aged 60 to 64, the rate increased from 1.1 percent in 2003 to 3.6 percent in 2012," the report added.

Besides age, there are a number of key differences between boomers and young adults suffering from substance addiction. For one, the majority of boomer drug addicts have been long-time users, often for several decades. The

drugs that are most commonly abused among senior addicts are also slightly different. Users in their 50s and 60s are more likely to suffer from alcoholism and addiction to cocaine, while younger users are more likely to suffer from addiction to prescription stimulants. Addictions to prescription painkillers, such as Oxytocin, are on the rise across all age groups.

Boomer Addiction Statistics

The study looked into the rates of drug use among those between the ages of 50 and 60.

Some of the study's key findings are:

- Four million baby boomers suffer from substance abuse/addiction
- About half of all baby boomers have experimented with illicit drugs
- Nearly 5 percent, or 4.3 million, of adults 50 years and older have used an illicit drug in the last year
- About 26.2 percent of new addictions started in the last five years among baby boomers involved cocaine
- Following close behind cocaine, about 25.8 percent of new addictions in this age group involved prescription drugs

- Nearly 75 percent of baby boomer admissions to rehab centers are for addictions that began before the age of 25

- Illicit drug use among this age group has increased by over 3 percent in the last eight years

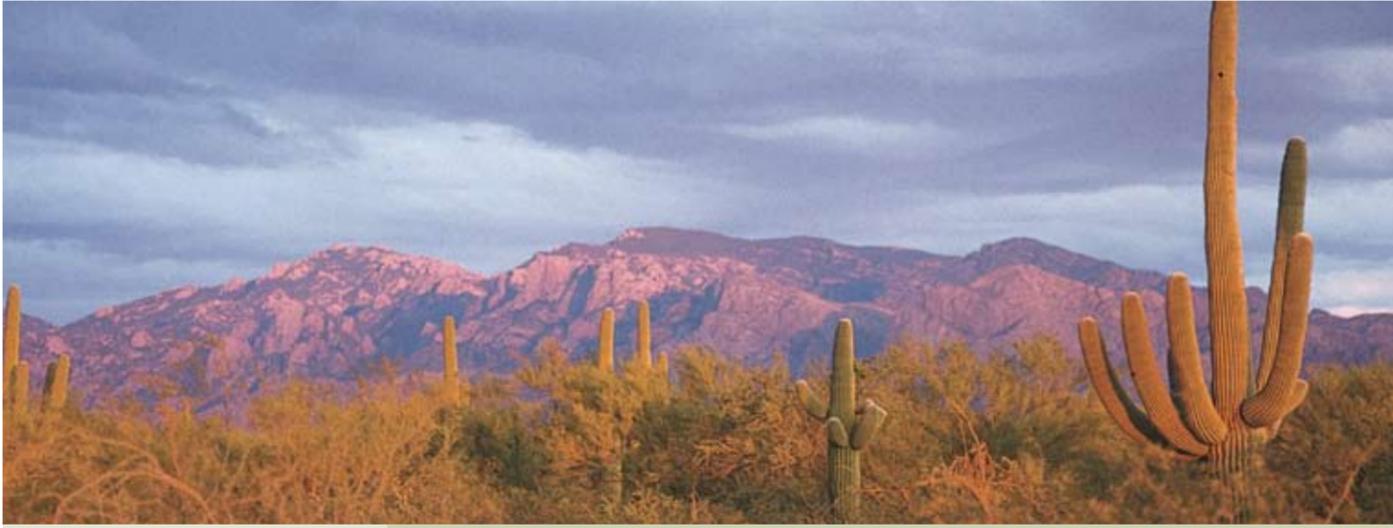
Why the sudden increase in baby boomer rehab admissions?

There are likely several reasons. The boomer generation is facing new stresses and pressures. As they reach into their 50s, these people are facing a number of health issues that often require multiple doctor visits and prescription drugs that could, if not used as directed, lead to addiction. In addition, women in this age group are going through menopause, which can cause depression, insomnia and other issues. Other pressures come from caring for both aging parents and older children. And as this generation continues to age, the inevitable and heartbreaking deaths of family members and friends become more of a reality.

Perhaps one of the biggest stresses of all is the poor economy of the last five years. Suddenly burdened with caring for family while dealing with potential health issues and the uncertainty of retirement in a stagnant economy, it's no wonder that some members of the baby boomer generation feel compelled to self-medicate with drugs to lower their stress levels.

BOOMERS continued page 9

BEHAVIOR continued page 2



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A wary parent can be best equipped by taking time to become acquainted with the warning signs of drug and alcohol use and effective tactics to prevent and discuss substance use with an adolescent or young adult.

The Family Training Program is a resource designed to improve communication between a parent and a substance-using adolescent or young adult. Oftentimes in such situations, treatment or counseling for the child is necessary to address the drug or alcohol use and/or any co-occurring issues. Research, however, suggests that 60 percent of parents are unable to get their child to receive such services without some assistance. The Family Training Program seeks to address this need as well, by helping parents whose children may be reluctant or resistant to seeking appropriate treatment. The program provides practical skills and tools for parents to improve their relationship with their teen or young adult. If you are a parent or guardian of a child between the ages of 12 and 25 who is concerned that your teen or young adult is using drugs or alcohol, and you live in or around the Philadelphia area, you may be eligible to participate in this program.

The Family Training Program has the potential to improve the quality of the relationship between you and your teen or young adult; to help you make positive life changes; to relieve stress associated with parenting/guardianship; and to provide you with better ways to cope and increase the likelihood that your child may be willing to seek treatment.

Learn more about the Family Training Program by visiting www.iamconcerned.org or calling 267-765-2189.

The Family Training Program is part of the Parent's Translational Research Center of the Treatment Research Institute, a project funded by the National Institute on Drug Abuse.

Tisha Miller, L.C.S.W. and Shawna Weaver, L.C.S.W., are Family Specialists at the Family Training Program.

publisher's note



I'll Tell Who Ever I Damn Well Please

By BARBARA NICHOLSON-BROWN

In the documentary *Anonymous People*, actor Kristen Johnston sits on stage and openly tells the audience, "I'll tell whomever I damn well please that I am in recovery."

I feel the same way and have for years. Without even knowing it. I felt the stigma of being a 'flawed' woman when I first got sober. While everyone around me knew it, my addiction told me it was "our secret." Even though I felt weak, afraid and despised my behavior I was chained to the dark side. Walking into my first 12 step meeting over 23 years ago I was certain everyone was going to point their finger at me adding to my shame. Oh, how wrong I was.

It took time, patience, guidance and understanding — that I am one of the many who have the disease of addiction.

Through the years I've witnessed a growing movement of people who are speaking out and stepping out of the shadows.

Why do we do this? How else will people know that continuous recovery from addiction is real? That people like you and me can lead successful lives; we work, we marry, we raise families, and we love, we laugh and we show others that while this deadly disease cannot be cured, it can be treated.

Deeply entrenched social stigma and mass participation in widely successful anonymous 12-step groups have kept recovery voices silent and faces hidden for decades. The vacuum created by this silence has been filled by sensational mass media depictions of addiction that continue to perpetuate a lurid public fascination with the dysfunctional side of what is a preventable and treatable health condition. Just like women with breast cancer, or people with HIV/AIDS, a grass roots social justice movement is emerging.

Courageous addiction recovery advocates have come out of the shadows and are organizing to end discrimination and move toward recovery-based solutions.

The moving story of *The Anonymous People* is told through the faces and voices of the citizens, leaders, volunteers, corporate executives, and public figures who are laying it all on the line to save the lives of others just like them. This passionate new public recovery movement is fueling a changing conversation that aims to transform public opinion, and finally shift problematic policy toward lasting solutions.

Please join me on November 14th at the Shea 14 theatres in Scottsdale. The movie will

screen at 7:30. Tickets must be purchased in advance. To get yours, go to <http://gathrus/screening/5843>.

See you there!

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Acceptance of one's life has nothing to do with resignation; it does not mean running away from the struggle. On the contrary it means accepting it as it comes...To accept is to say yes to life in its entirety.

— Paul Tournier

NEWS

Anesthesiologists Group Produces Opioid Overdose Resuscitation Card

A national group of anesthesiologists is launching a card to identify and treat people suspected of an opioid overdose. The American Society of Anesthesiologists' (ASA) Opioid Overdose Resuscitation card lists symptoms of an overdose, and provides instructions for friends and family about how to help a person suspected of an overdose, before emergency medical personnel arrive.

The card notes that if a person has access to naloxone, or Narcan, a medication that can rapidly reverse the overdose of opioids, he or she should administer it according to the package instructions, in addition to calling 911.

The ASA collaborated with the White House Office of National Drug Control Policy (ONDCP) to develop the card, according to News-Medical.net.

"Over 20,000 people in the United States die from drug overdoses every day," ONDCP Director R. Gil Kerlikowske said in a news release. "Three out of four prescription drug overdoses are caused by opiates. The ASA's Opioid Overdose Resuscitation card is a beneficial tool that provides easy-to-understand, lifesaving techniques to help friends and family recognize signs of an opioid overdose and take the steps necessary to save a life."

Sports Supplement "Craze" Contains Meth-Like Chemical



The sports supplement "Craze," popular in the United States and other countries, contains a meth-like chemical, *USA Today* reported.

Scientists in the United States and South Korea who tested the chemical say it appears to have originated as an illicit designer recreational drug. Craze is sold as a pre-workout powder made by the company Driven Sports. The powder is marketed as containing only natural ingredients, the article notes. The scientists began testing Craze after athletes who said they had used the supplement failed several urine drug tests.

The findings appear in the journal *Drug Testing and Analysis*.

The U.S. researchers said the same chemical is also found in another supplement, Detonate, marketed as a weight-loss pill by Gaspari Nutrition.



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"These are basically brand new drugs that are being designed in clandestine laboratories where there's absolutely no guarantee of quality control," study co-author Pieter Cohen of Harvard Medical School told the newspaper. "It has never been studied in the human body. Yes, it might make you feel better or have you more pumped up in your workout, but the risks you might be putting your body under of heart attack and stroke are completely unknown."

Walmart.com and several other online retailers stopped selling Craze earlier this year after USA Today reported that tests detected amphetamine-like compounds in the product. It continues to be sold in GNC stores and on other websites.

After that article appeared, the company said in a statement, "Craze is a legal supplement that provides people with a tool

to enhance their workouts, by combining natural extracts to increase their energy. Craze conforms to all U.S. federal regulatory requirements and is proven safe when used as directed. As is the case with any such supplement, the product and its ingredients are subject to regulation by the U.S. Food & Drug Administration."

Betty Ford Center dismisses director of spiritual care

The spiritual care director at the Betty Ford Center will not have an opportunity to look for synergies with Hazelden's programming when the two large treatment organizations complete their merger plans in the coming weeks. John P. McAndrew, MA, MDiv, confirmed to Addiction Professional this week that he was dismissed from his position at Betty Ford in October.

McAndrew, who had served in that role at the Betty Ford Center for more than two years, adds that two counselors who specialized in spiritual care at the facility also were let go at the beginning of this month. He says he was told that the moves were part of an organizational restructuring.

"I honestly can say that none of it makes sense to me," says McAndrew, who last month delivered a breakout session talk on spiritual care principles for the 21st century at the National Conference on Addiction Disorders (NCAD) in Anaheim, Calif. "But I'm not a corporate guy." He adds that he believes a defined spiritual care component at Betty Ford "is what set us apart from any other treatment center."

Betty Ford Center spokesman Russ Patrick confirms the three dismissals, adding that

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Sexual Co-Addiction: Out of the Silence

*"He cheated on me with scores of women."
"She's addicted to porn." "I see it progressing and I'm afraid."*

"He keeps telling me painful information and I can't handle it but get out either." "Her therapist says she's working on it, but how do I know?" "There were signs all along but I didn't want to see them. I couldn't believe I wasn't enough."

Sexual co-addiction devastates the partners, parents, and children of sex addicts. Patrick Carnes' 2001 book, *Out of the Shadows*, did much to increase understanding of compulsive sexual behaviors as addictive. In 2011, the movie **SHAME** shed some light on the lot of sex addicts, as did this year's **THANKS FOR SHARING**.

Information for the partners, relatives, and friends of sex addicts is harder to find. The Twelve Step fellowships that offer a recovery program for people affected by another person's compulsive sexual behavior seem to be one of the country's best kept secrets.

That's not because sexual co-addicts and codependents aren't out there, and it's not because they aren't in need of help. We saw a hint of what happens when spouses cheat when Elin Nordegren allegedly chased Tiger Woods with a golf club. When she divorced the problem, many of us assumed she was going to be fine.

People who are affected by someone else's sexual addiction know better. Depression, obsession, rage, shame, isolation, and misery haunt codependents of sex addicts. They question their value, their attractiveness, and their intelligence. They act out with their partners to appease or control them, and they fail. They suffer from sexually transmitted diseases. They lose their jobs, self-respect, and sanity. Even after divorce or estrangement, the difficulties continue. Many people leave a sexually addicted partner only to find another, and in some cases, another, and another. Even if the next person is not an addict, the shame and fear still make it impossible to have a healthy relationship next time around.

It's hard to find resources because no one talks about it. It's a problem that elicits shame for the thousands of people who struggle with someone else's sex addiction. They often come into recovery believing the sex addict in their lives wouldn't cheat, or rack up bills at strip clubs, or break the law if only they were smart enough, pretty enough, thin enough, whatever enough.

Sometimes a sexual codependent is the partner of a family doctor, pastor, or politician, and their fear about exposure of sex addict prevents any disclosure or recovery. They remain locked in silence.

Therapists, social workers, doctors, and clergy of people affected by someone else's sex addiction sometimes don't know how to help even if that person is brave enough to speak out.



Recovery from sexual codependency has been possible for many through a Twelve Step fellowship called COSA, which has supported people for 30 years. Many newcomers find immediate relief from the awful isolation by meeting others who are facing the same problems. Often for the first time, new members get to talk to someone who understands. Many come having found it was not safe to talk to family or friends who have told them anything from "Leave the bum" to "You made your bed- lie in it."

Everyone in COSA has a story. They come from comfortable homes, or they live in poverty. They are men or women, straight or GLBTQ, all races and religions. The sex addict in their life may be addicted to porn, be involved in multiple affairs, or darker behaviors. The sex addict might be their parent, partner, child, boss, employee, patient, client, or friend. Some members are sexual abuse survivors or rape victims who have no sex addiction in their family. Many sex addicts are COSAs themselves who may have been affected by someone else's sex addiction long before their own acting out began. Anyone with significant contact with a sex addict is affected, because addiction is the only disease that so deeply affects people who don't even have it.

All these people come into COSA and they listen to the similarities because they need the help of the people who have come in lost and broken like they are, and they see hope and help.

Members say they learn in meetings that someone else's addiction **is not about them**. They can learn to trust themselves. Some leave the sex addict, and some find recovery with the sex addict.

COSA has seven meetings in Arizona, in the Phoenix and Tucson areas. The COSA Annual Convention will be held in Los Angeles from May 23 through May 26. The Convention will include meetings, workshops, and speakers.

For COSA meetings in Arizona, see <http://www.cosa-recovery.org/states/Arizona.html>. All meetings are open only to those whose lives have been affected by another person's sexual behavior.

Claudia M

Holiday Hoopla Can Intensify All Addictions, Including Sex and Love

By ROBERT WEISS LCSW, CSAT-S

For men and women who suffer from sex and/or love addiction, the holidays present the following dangerous combination:

An increased number of emotionally challenging situations from which there can be a desire to "escape"

- Extra free time for slips and relapse (via time off from work or school)
- A culturally influenced background encouraging unrealistic expectations of "joy and happiness"

In essence, heightened emotions related to difficult family dynamics and numerous other factors make the season a more stressful than usual period, and this can feed into the chronic, progressive disease of addiction. Active addicts often experience escalation in this timeframe. Even addicts firmly grounded in recovery can revert to old patterns, especially if they stop attending their 12-step support groups, reaching out to supportive friends and family, and actively working their program of recovery.

But Everyone Else Seems So Happy...

The mere mention of the November/December holidays can evoke nearly universal visions of Norman Rockwell-like nostalgia – families gathered around pine-scented trees, candles burning night after night, tables weighted with endless goodies, hot cocoa topped with miniature marshmallows, and one tone deaf uncle or another cluelessly belting out holiday songs to grandma's foot-pounding piano accompaniment. And everyone in this scenario is overflowing with joy, peace, love, harmony, and the spirit of giving. For some blessed families, this picture may actually be a reality. For the rest of us, though, the holidays typically fall at least slightly shy of this romanticized perfection, a fact that can be especially vexing for individuals already dealing with the challenge of addiction.

For people whose lives are dominated by relationship or sexual addiction (or any other addiction), the holiday season is an obvious set-up for slips and relapse. The justifications and rationalizations that every addict employs to one degree or another are particularly strong at this time of year, as there are endless reasons to feel frustrated, disappointed, lonely, or simply let down by love and life. Feelings of resentment, isolation, disappointment, and loneliness help grease the slippery slope of relapse. Some addicts (re)engage their addiction to escape the pressure of "being present" with family and loved ones; others act out as a way to cope with the disappointment of an idealized holiday that never actually happens. For men and women who struggle with problematic sexual and romantic behaviors, this time of year is rife with perfectly justifiable "reasons" to act out.

Sex Addict as Escape Artist

Let's examine the two very distinct types of addict mentioned above. First up is the escape artist, the person who literally cannot abide the "life on life's terms" reality that the holiday season forces on us all. This addict will show up for holiday functions, but as soon as he or she can reasonably depart... Whoosh, they're out of the door and into the oblivion of addiction. Consider the words of Steven, a now-sober sex addict:

The beginning of the end of my sexual acting out was a Christmas Eve that's now hard to forget. My sister and her kids lived about an hour away, and I drove to their house for dinner and midnight mass. My parents drove in, too, so the whole family was there. My sister made a fantastic meal, as always, and her young kids were crazy excited that Christmas had almost arrived. Me? I picked at the dinner, twitchy, sullen, and withdrawn, anxious for the evening to end. I knew I was behaving badly, but I couldn't stop myself because I truly wanted to leave. Church was even worse. At one point my mother whispered, seemingly out of nowhere, "Why are you so angry?" I'm not sure how I responded, but I remember the question. As soon as church was over I was out the door and in my car. Back on my own, where I felt far more at ease, I drove around until I found a prostitute who brought with her the gift of crack cocaine. The next morning at breakfast it was back to my sister's house to unwrap gifts. Thing was, I hadn't slept, I hadn't showered, and I was still wired from all the coke. As soon as the presents were opened, I told everyone I didn't feel well and I left. But instead of going home and to bed, I called around until I found more drugs and another prostitute.

For this type of addict, the holiday season is a nuisance, filled with parties and family gatherings that try to push the individual back into reality and force him (or her) to be present – both of which he (or she) would prefer to avoid. After all, addiction is all about escape and dissociation from life stressors and uncomfortable emotions. Addicts engage in their addictive behavior because they want to "feel better," which actually means they want to "feel less."

Dealing with Disappointment

The second type of sex or love addict is the man or woman who sets impossibly high goals for the season in the misguided hope/belief that a perfect holiday will alleviate his or her obsessions and make everything right in the world. This individual lives in the fantasy that this year, unlike so many years past, he or she will be surrounded by loving family and friends who will set aside their differences, forgive past transgressions, and

Holiday Hoopla continued page 12

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Is the Medical Profession Absent from Addiction Practice?

While few of its individual findings will come as much of a surprise to seasoned professionals in the addiction field, a newly issued report from the National Center on Addiction and Substance Abuse at Columbia University (CASA Columbia) packs a punch in its assault on current substance use treatment practice.

Perhaps the most stinging, if still not stunning, comment in the report is its statement that the medical profession is largely absent from addiction practice and that the counseling professionals who deliver most of the treatment services to patients are often subject to few or no qualification standards.

"There simply is no other disease where appropriate medical treatment is not provided by the health care system and where patients instead must turn to a broad range of practitioners largely exempt from medical standards," CASA Columbia vice president Susan Foster said in a news release issued this week.

CASA this week released a mammoth report of nearly 600 pages, entitled **Addiction Medicine: Closing the Gap Between Science and Practice**. The research team led by Foster relied on numerous data sources that included but was not limited to five national data sets, a survey of more than 1,100 members of addiction treatment organizations, and a survey of 360 individuals in recovery. Grants from several charitable foundations financed the five-year project.

CASA highlights from report:

- Only about 1 in 10 individuals who need treatment for addiction are receiving it, compared with 7 of 10 individuals with chronic illnesses such as diabetes and depression who are receiving treatment for those conditions.
- A total of \$28 billion was spent in the United States in 2010 to treat addiction, an illness that affects 40 million people.

By comparison, \$107 billion was spent that year to treat heart disease, which affects 27 million people.

- Only 2 cents of every dollar spent on addiction-related costs pays for treatment and prevention efforts, as the vast majority of spending focuses on the health consequences of substance abuse.
- **Addiction treatment remains largely disconnected from mainstream medical practice.** The report cites research data showing that only 29% of individuals who visited a general medical practitioner in the past year were ever asked about alcohol or other drug use.

The counselors who handle the majority of clinical care in addictions are subject to a hodgepodge of educational and credentialing requirements from state to state, with nearly one-third of states requiring no certification or licensure to practice and only half a dozen states requiring that counselors hold a bachelor's degree or higher.

The report characterizes the gap between research and practice as "unfair to the thousands of addiction counselors who struggle, in the face of extreme resource limitations and no medical training, to provide help to patients with the disease of addiction and numerous co-occurring medical conditions."

The report issued numerous recommendations to improve addiction treatment practice and policy, including:

- Developing core clinical competencies for addiction treatment and prevention and requiring that they be taught in all relevant education and training programs.
- Standardizing the language that is used to describe the full range of severity of substance use problems in the population.
- Requiring routine screening and brief intervention for individuals in all government service systems, from corrections to housing to child welfare.
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Understanding Trauma, Abuse and Deprivation

By Mike Finecey, MA, LPC, LISAC

The purpose of this article is to give meaning to the word Deprivation. Many times when we share our childhood stories we talk of the trauma and abuse of our experiences and can be unaware of the resulting deprivation that occurred. The 12-step program of Adult Children of Alcoholics (ACA) was established for men and women who grew up in an alcoholic or otherwise dysfunctional home. The consequence of being raised in an alcoholic or otherwise dysfunctional home undoubtedly leaves adults to face recovering from the effects of trauma, abuse and deprivation. To face it, we must first understand it.

Defining Trauma and Abuse

Trauma is damage to the psyche that occurs as a result of a severely distressing event that shattered a personal assumption. It is an extreme stress that overwhelms a person's ability to cope. Trauma is defined by the reaction of the survivor of the event and varies between peoples experience to the event. Examples are: accidents, surgeries, death, violent events, and so on. Abuse is a form of mistreatment where there is intent to cause physical, mental, or emotional pain or injury. Abusive events include: domestic violence, name calling, threats, confinement, isolation, verbal assault, humiliation, or being denied integrity, dignity, self-worth, value or esteem, and many more.

Understanding Deprivation and Attachment Difficulties

When we experience abuse and/or trauma, we not only interpret the attack of our psyche, but we also experience the loss of our ability to be attached. When an attachment is expected and then broken deprivation occurs in our psyche. Examples are a child neglected by a parent, or an abusive spouse. As the receiver of abuse and trauma we often times struggle with wanting to correct the attachment separation. We comply with the abuse in order to hopefully find a path of attaching, to be accepted in order to belong. As we review our life of trauma and abuse, the age we were abused and or traumatized defines our ability to attach in a healthy manner. If separation occurs early in the first few years of life, the broken bond leads to disturbed emotional bonds later in life. As an adult, it can lead to aggressiveness, being 'clingy', social maladjustment and issues with attachment and detachment as an adult.

As adults we tend to look at the past and tell ourselves to "Get over it" or "It was a long time ago." As we grow intellectually, we're able to see and express our experiences of trauma and abuse. I add the word deprivation because we need to discuss the attachment difficulties that occur with trauma and abuse.

A child neglected or beaten can be an adult fearful of intimacy. A child who can only comply with the abuses of life develops a fear of rejection and abandonment as an adult. A person living with domestic abuse lives as an abuser, trying to figure out what to do to be loved. All three examples send the message, "If I can just ..., then I'll be loved."

Healing Through Healthy Attachment

The truth is trauma and abuse result in deprivation and the inability to discover healthy attachment. How many of us go to Co-Dependents Anonymous, Adult Children of Alcoholics, Sex and Love Addicts Anonymous or any 12-step program seeking attachment lost as a result of the deprivation we experienced in our history of trauma and abuse?

We are born to be relational and in order to be relational we attach to others; creating the sense of being loved. Learning attachment is learning to face our fears, mainly our fears of intimacy and rejection. Learning to be vulnerable to ourselves and then with others is risky. It carries with it the fear of rejection or the fear vulnerability will give the other something to use against me, which is fear of being intimate. The second step states, "Came to a believe that a power greater than ourselves could restore us to sanity," is a measure of hope. From the view of trauma, abuse and deprivation, the power greater than us requires that we resolve our deprivation, and learn to attach to a higher power.

If I am a person who has experienced trauma and abuse in my life, and live today in deprivation, then attachment to a power greater than me is critical for long term recovery. By recognizing our fears and acknowledging our deprivation, we can recover by learning to attach. First, internally attach to the child we were, finding comfort in knowing we did nothing wrong. Next, find God, a higher power, a power greater than ourselves to achieve sanity or soundness of mind in recovery. By understanding the deprivation resulting from trauma and abuse, we can also practice vulnerability and learn to have relations with healthy attachment.



Michael is the co-founder and Clinical Director of North Pointe Counseling Center. Michael holds a Master of Arts in Professional Counseling, and a Bachelor of

Science in Electronic Engineering and Technologies. Visit www.npcacaz.com/

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Guess Who's Coming to Dinner?

By DR. DINA EVAN

Away from the cooling fall air, a fire crackles in the fireplace and the table is set with candles and neatly folded napkins. The fragrant scent of turkey and dressing wafts through the room, enticing all those who have passed up lunch to wait for its arrival. The announcement is proudly made from the kitchen and only after an appropriate number of kudos and ah's does everyone gather at the table to give thanks on this special holiday. We give thanks for the program, our host and host and the fine table set before us. Some offer thanks for their successes and the challenges all of which provided new opportunities for growth. Yet, we can miss giving thanks for the greatest blessing of all — the gift of each other.

There is infinite wisdom in your conscious and unconscious choice of those with whom you create both partnerships and friendships. They are each individually a mirror and reflection of your soul. Just as there are colorful, creative and intricate dishes set upon the table, there are also colorful, creative and intricate choices in our friendships and mates.

They reflect back to us both who we are and who we are becoming.

After you have taken in the scents and visually enjoyed the culinary delights set upon the table, perhaps you can take a moment to reflect on the diversity and beauty in your choices of life partners and friends seated at the table. Let me share what my picture looks like on Thanksgiving.

Somewhat removed from the flurry of dishes being passed I can usually sit back and first notice my son J.D. He is the part of me that still thinks all things are possible, sort of an "Ain't No Mountain High Enough" kind of guy whose commitment got him through earthquakes and rainstorms to make sure I was OK. We both know no matter what the obstacle, we would be there for each other.

Across the table my friend Jan scoops potatoes on to her plate and I think of how her childlike antics put me more in touch with the child inside of me who never learned how to play. My inner child was too busy dealing with an alcoholic mother and an abusive father until Jan came into my life and gave my inner child permission to come out. Before Jan, my inner child was hidden and hesitant, too fearful to play with anyone.

At the end of the table sits Elaine, talking a bit too loud and acting a bit too self-assured. She is the part of me that was still afraid she is not quite enough and over compensates for her uneasiness in groups. Beside her sits Randy. Randy reflects back to me the spiritual side of myself. He reflects my Higher Self, that knowing part of me that is connected beyond words and explanations to the Divine.

At the other end of the table, my friend Lauren carries on an in-depth philosophical conversation with David. Lauren reflects the part of me that spirals with intellectual exploration and thrives on unanswered questions. David! Ah David, the part of me that still wonders who I might have been if I had had what I didn't have as a child. Then there

are my other two children Lauren and Mia. Lauren is the creative part of me that loves making things and being artistic. Mia is the part of me who is profoundly on the path to Spirit and loves the challenge of learning. At one end of the table, you may have a mate. That's the beloved person in your life who constantly reflects back to you, the parts of you that are beautiful, lovable and worthy of being cherished.

This incredible group of people, even as it changes, always reflects back to me my own soul's growth in living color. There sitting at my table was the perfect picture of all the ways I had chosen to grow and not grow. Each person at that table was my teacher, my guide and I was grateful for their courage and willingness to be part of my life lesson.

Each one had made the decision to enter the process of relationship with me. Each was willing to look at the ways in which he or she closed down, defended against and opened again to all we might share. Thanks to their courage and mine, we were all learning a great deal about ourselves. I have often said that I know I could go to sit on a mountain and achieve enlightenment. In doing so, I would not be helping the world a wit, nor would I have any inkling of how my own human soul was evolving. Until I enter into relationship with each of these precious people, I have no way of knowing about my judgments, my invulnerability's, my fear, my need for sameness, my openness or my courage.

I am constantly amazed at how once we become conscious and aware, life speaks to us so clearly. There are no coincidences, no accidents. There is only life, trying repeatedly through each relationship to teach us more about ourselves. Perhaps this Thanksgiving, you too can begin to see with a more conscious vision as you sit at your holiday table. Perhaps, you will quietly accept that each person before you is an integral part, a perfect reflection of who you are.

Perhaps, you too will silently give thanks. We live in the greatest experiment ever created. This is a place where we each get to create the reality we most desire and where we can, without judgment or reward necessarily, we learn the lessons we came here to learn; the ones that evolve our own soul toward the person we each know we can become. What a delicious experiment this is and how much greater does that make this moment! Better yet, if you are grateful, say it to everyone aloud, even those teaching you patience. Moreover, from all of us have a great Thanksgiving!



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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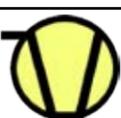
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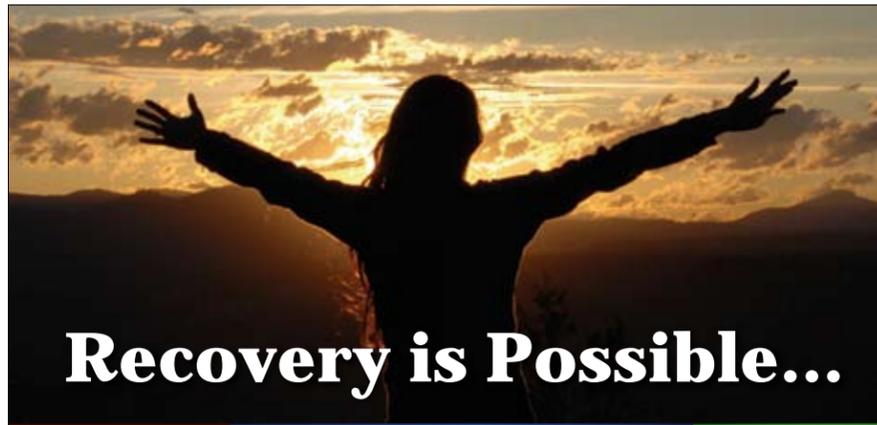
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EVENTS CALENDAR

NOV. 6 —St. Luke's Behavioral Health Center presents, **Understanding Culture and Building Community**, Presented by Dr. Matthew C. Whitaker, ASU Foundation Professor of History **8:00 - 9:00 am St. Luke's Behavioral Health Center Auditorium 1800 E. Van Buren**. Contact: Luis Gonzalez, 602-794-8977, 1800 E. Van Buren, Phoenix.

Nov 11-15 and Dec 9-13 – 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 registration.

Dec 5-8 – Tucson – Cottonwood Tucson – InnerPath **Developing Healthy Relationships Retreat**. This four-day retreat for couples focuses on learning what constitutes a healthy relationship and how to attain it. 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. 17- 19 2014 — The Meadows Alumni Retreat. This retreat is only for those who have participated in one of our week-long workshops, including family week or in-patient treatment at The Meadows, Melody House, or Dakota. Scottsdale Resort & Conference Center, 7700 East McCormick Parkway Scottsdale. Contact Morgan Day, The Meadows 928-231-7606 mday@themedows.com.

Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop. This five-day workshop is for families impacted by addictions, psychiatric disorders, anger & 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.

Merritt Center Returning Combat Veterans Retreat Program. Free 4 weekend program for combat Vets. 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. Betty Merritt, betty@merrittcenter.org. **800-414-9880 www.merrittcenter.org**

Phoenix "Gratitude for Giving" Celebration, December 13, 8:30 – 11:00 a.m. Sponsored by Sierra Tucson. Location: Arizona Biltmore, Grand Ballroom, 2400 E. Missouri Avenue, Phoenix, AZ 85016. Pre-register at www.SierraTucson.com by 11/27/13: \$35 per person, or \$300 per table of ten (no refunds after this date). Nominate your peers online before 10/11/13. More info available online or call Lila Duffy at 800-624-9001, Ext. 2303.

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EVENTS continued page 11

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New Challenges

Caring for an influx of new, older addicts presents challenges to rehabilitation facilities and programs. In only a few short years, the baby boomers will be the largest demographic in the U.S., meaning that rehab centers will need to prepare ahead of time to ensure they have enough room, as well as trained staff to serve the needs of older addicts. "The good news is that they may seek us out," says Marvin Seppala, the medical director at the Hazelden Foundation, a rehab facility that caters to seniors. "The bad news is, I'm not sure we're ready for them."

Unlike their younger counterparts, baby boomers struggling with addiction are more likely to be taking multiple prescription drugs for their health, making it not only difficult to identify a prescription addiction to begin with, but also making treatments such as replacement therapy more complicated, due to the possibility of interactions with current medications.

Because underlying health problems are more common in baby boomers, both housing and treatment programs must be tailored to better suit their needs. Older clients suffer much more from severe withdrawal symptoms, and often have other health concerns

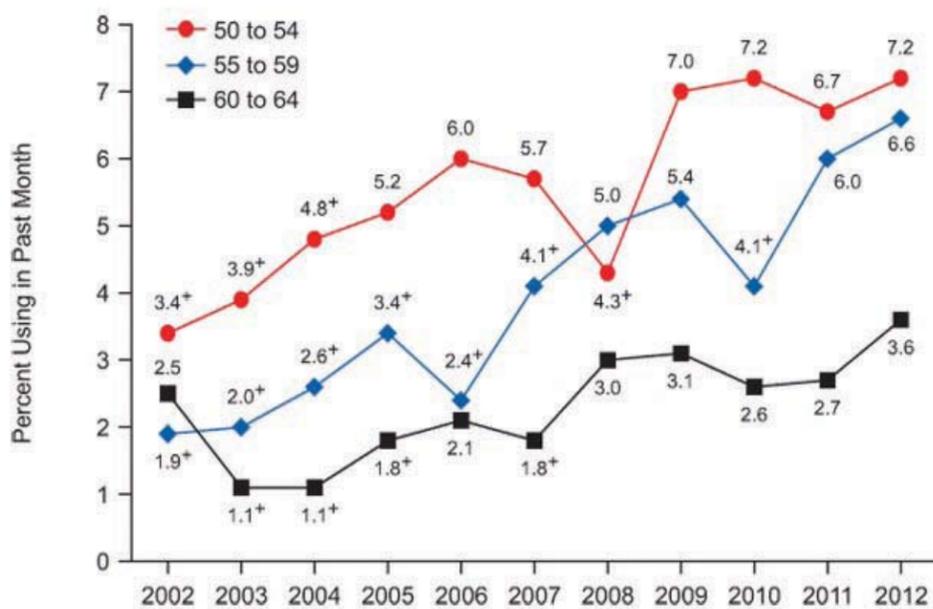
to worry about at the same time. Also, people with substance abuse disorders, even if they have only recently taken up the drug, are more likely to suffer health consequences as a result, making timely treatment more important than ever.

Despite the challenges of treating a growing number of addicts among the boomer generation, experts remain hopeful that these addicts can experience a successful recovery. Better treatment programs, as well as new senior rehab facilities popping up around the country, are sure to help. Treating older addicts can also be made easier thanks to the overall strong work ethic and family-oriented mentality of this generation.

If you have a loved one who may be in need of help from a pattern of substance abuse, consider contacting your local chapter of Alcoholics Anonymous (A.A.), Narcotics Anonymous (N.A.), a family counselor or a local intervention specialist who can help start the healing process.

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Past Month Illicit Drug Use among Adults Aged 50 to 64: 2002-2012



Survey years are shown on the horizontal axis and the percentage using in the past month is shown on the vertical axis.

- For each age group (50 to 54, 55 to 59, and 60 to 64), there is a line showing use over the years 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, and 2012. Tests of statistical significance at the .05 level were performed between 2012 and each of the previous years listed; significant results are indicated where appropriate.
- Among adults aged 50 to 54, the percentage using illicit drugs in the past month was 3.4 percent in 2002, 3.9 percent in 2003, 4.8 percent in 2004, 5.2 percent in 2005, 6.0 percent in 2006, 5.7 percent in 2007, 4.3 percent in 2008, 7.0 percent in 2009, 7.2 percent in 2010, 6.7 percent in 2011, and 7.2 percent in 2012. The differences between the 2012 estimate and the 2002, 2003, 2004, and 2008 estimates were statistically significant.
- Among adults aged 55 to 59, the percentage using illicit drugs in the past month was 1.9 percent in 2002, 2.0 percent in 2003, 2.6 percent in 2004, 3.4 percent in 2005, 2.4 percent in 2006, 4.1 percent in 2007, 5.0 percent in 2008, 5.4 percent in 2009, 4.1 percent in 2010, 6.0 percent in 2011, and 6.6 percent in 2012. The differences between the 2012 estimate and the 2002 through 2007 estimates and the 2010 estimate were statistically significant.
- Among adults aged 60 to 64, the percentage using illicit drugs in the past month was 2.5 percent in 2002, 1.1 percent in both 2003 and 2004, 1.8 percent in 2005, 2.1 percent in 2006, 1.8 percent in 2007, 3.0 percent in 2008, 3.1 percent in 2009, 2.6 percent in 2010, 2.7 percent in 2011, and 3.6 percent in 2012. The differences between the 2012 estimate and the 2003 through 2005 estimates and the 2007 estimate were statistically significant.

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Somebody to Love

By ALAN COHEN

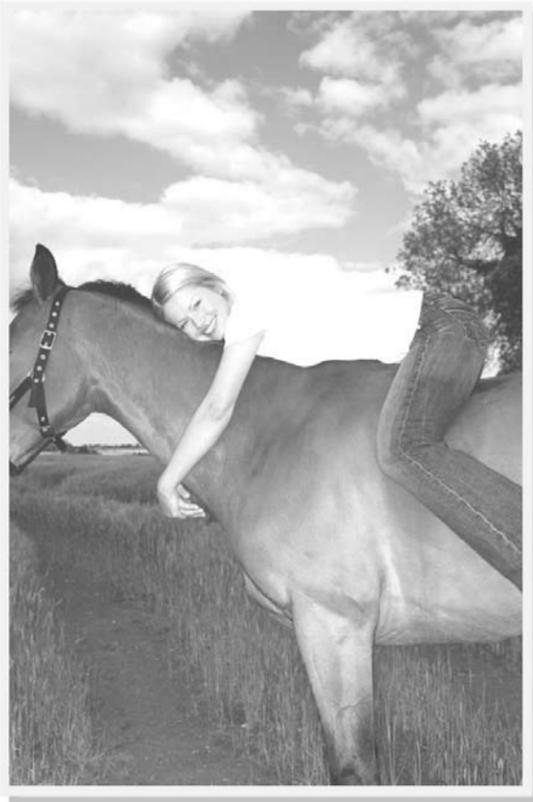
I had a nasty neighbor who regularly picked fights over all kinds of issues. People drove too fast past her rural home; her neighbors partied too loud; vandals were supposedly stealing from her water line; trees encroached on her property line; and on and on. She took in tenants, most of whom lasted no more than a month. Most people cringed when they saw her.

Yet over time as I got to know Maude, I discovered something quite beautiful about her. She took in stray animals and cared for them with impeccable love. Dogs, cats, deer, goats, birds, and a turtle that would have otherwise suffered or died in abusive homes or the wilderness found a healing sanctuary on Maude's property. I watched her feed her critters, cuddle them, talk to them sweetly, and carefully tend to their wounds. She was like a saint—a true inspiration to behold.

Dean Martin sang, *Everybody Loves Somebody Sometime*. People who otherwise live in psychic darkness find a ray of light in loving one person or one population. Many people who have difficulty loving people love animals. I led a seminar in which a fascinating theme emerged as participants revealed themselves. Nearly everyone in the group was wounded in human love, but they all had deep love relationships with their pets. Everybody needs to love somebody sometime.

One of my heroes is the great scientist Nikola Tesla. Like many geniuses, Tesla had certain eccentricities. Rather than being involved with a relationship partner, he was a loner and channeled his creative energies into his inventions and service to humanity. Yet Tesla did have a love relationship with a pigeon. In his Manhattan hotel room, Tesla daily welcomed a flock of pigeons to his window ledge, fed them, and made them his confidants. He was particularly fond of one of the pigeons. He nurtured and petted her and, I imagine, told her things that he did not tell people. He needed someone to love.

Most people are on a lifetime quest to be loved. We seek love from anyone who might stimulate within us that wonderful feeling. We go from relationship to relationship, marriage to marriage, job to job, home to home, ardently seeking the experience of love. We believe that if someone would love us enough, we would feel safe and worthy.



But for most people the quest for love remains just that—a quest, rarely or never fulfilled.

Marianne Williamson made a brilliant statement based on her understanding of *A Course in Miracles*. She said, "It is not the love we do not receive that hurts us. It is the love we do not give."

Her point cannot be overstated. The best way to receive the love we yearn for is to give it. Giving love rewards us more richly than receiving it. The love we give fulfills us as it passes through us, regardless of if or how it is received. As the famous St. Francis prayer affirms, "It is in giving that we receive."

As we move through the holiday season, we have many opportunities to practice giving love. I don't mean simply putting a dollar in the Salvation Army basket. I mean with family members who irk us, annoying co-workers at the Christmas party, and with sales reps who tell us that the gift we ordered is delayed. Those are the real opportunities of the holidays.

This holiday season we can evolve from being love seekers to love expressers. D.H. Lawrence wrote, "Those that go searching for love only make manifest their own lovelessness, and the loveless never find love, only the loving find love, and they never have to seek for it."

You cannot simultaneously be a love seeker and a love finder. Even if you have been a love seeker for many years, you can instantly become a love finder. Then you will find everything you have sought inside yourself.

I had an annoying neighbor like Maude. Just out of college, I was living with several guys, and Mrs. Ryan did not cotton to us. She complained constantly and clearly did not want us next door. Then one evening I went to a lecture on positive thinking. The teacher asked us to take one person who irked us, and send that person love. Mrs. Ryan came to mind, and I was able for a few brief moments to tap into the place inside me that thought fondly of her.

The next morning Mrs. Ryan approached me in my garden. "I just want to apologize for giving you boys a hard time," she said. "I know I have been an irksome neighbor. I'm sure you're really nice guys, so I'd like to get along with you from now on." And so we did.

I was stunned. The only difference in our relationship was that I had sent Mrs. Ryan genuine love for a few moments. Behold the power of true love. We all need to get it, but, more important, we all need to give it.



Alan Cohen is the author of *Enough Already: The Power of Radical Contentment*. For more information about this program, Alan's books, free daily inspirational quotes, and his weekly radio show, visit www.alancohen.com, email info@alancohen.com, or phone (808) 572-0001.

DEA and You – Ending the Epidemic of Prescription Drug Abuse Together

By Michele M. Leonhart

While the abuse of controlled prescription drugs has been happening since prescriptions were first written, the recent surge in controlled prescription drug abuse is both alarming and dangerous.

It is alarming because increased abuse impacts so many people. The 2012 National Survey on Drug Use and Health released shows that approximately 6,700 Americans are using psychotherapeutic drugs non-medically for the first time each day.

It is dangerous because prescription drugs, while they have an important role when used correctly and under a doctor's supervision, can be just as dangerous as methamphetamine, Ecstasy, or heroin if used incorrectly. In 2010, of the 38,329 drug over-

6,700 Americans are using psychotherapeutic drugs non-medically for the first time each day.

dose deaths in the United States, 22,134 – 60 percent – were related to prescription drugs. Of those, 75 percent involved prescription painkillers.

Whether I look at these facts as a grandmother or as a cop, the conclusion is the same: we must stop this cycle of addiction and death. Doing so will make a difference in the quality of life in every American community.

The Drug Enforcement Administration is dedicated not just to the enforcement of

federal drug laws, but to the regulation of access to dangerous substances. We ensure that manufacturers, distributors, doctors and pharmacists are properly licensed and have sufficient controls in place to minimize the risk of diversion of dangerous controlled prescription drugs. And while there are a few bad apples, a vast majority of those we regulate share our common objective of ensuring the right medicine goes to the right people, while ensuring these drugs are produced, stored and distributed in a controlled manner to minimize the chance that they will be abused.

Finally, after controlled prescription drugs have served their legitimate purpose,

often there remains unused, unwanted, or expired drugs that still hold the potential for misuse. DEA is in the process of finalizing regulations as part of the Secure and Responsible Drug Disposal Act that will allow for a permanent nationwide solution to the disposal of controlled substances.

Until that process is completed, the DEA will continue to sponsor National Prescription Drug Take-Back Day events that many have supported. All told, the last six Take-Back Days have collected more than 1,400 tons of pills, including a record breaking 371 tons this past April alone.

The last National Prescription Take-Back Day was tomorrow, Saturday, October 26 at more than 5,000 locations around the country.

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EVENTS from page 8

Church. 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

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**.

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

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. Wed. 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. 18 meetings scheduled throughout the week. For more information call **520-733-0880** or 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@chandlerccc.org.

GA Meetings —ACT Counseling & Education in Phoenix and Glendale. **Tuesday, Spanish** (men) 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. Tues. 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

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

OA—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.

Crystal Meth Anonymous www.cmaaz.org or CMA Hotline 602-235-0955.

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Al-Anon	602-249-1257	Sexaholics Anonymous	602-439-3000
ACA	602-241-6760	Sex/Love Addicts Anonymous	602-337-7117
Aurora Behavioral Health	623-344-4400	Sex Addicts Anonymous	602-735-1681
AzRHA	602-421-8066	SANON	480-545-0520
AWEE	602-258-0864	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
Chandler Valley Hope	480-899-3335	Step Two Recovery Center	480-988-3376
Cocaine Anonymous	602-279-3838	Teen Dating Violence	800-992-2600
Co-Anon	602-697-9550	TERROS	602-685-6000
CoDA	602-277-7991	Valley Hosptial	602-952-3939
COSA	480-232-5437	TUCSON	
Commun. Info & Referral	1-877-211-8661	Alcoholics Anonymous	520-624-4183
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Cottonwood Tucson	800-877-4520	Anger Management Intervention	520-887-7079
Crisis Response Network	602-222-9444	Co-Anon Family Groups	520-513-5028
The Crossroads	602-279-2585	Cocaine Anonymous	520-326-2211
Crystal Meth Anonymous	602-235-0955	Cottonwood de Tucson	800-877-4520
Emotions Anonymous	480-969-6813	Crisis Intervention	520-323-9373
EVARC	480-962-7711	Information Referral Helpline	800-352-3792
Gamblers Anonymous	602-266-9784	Half-Way Home	520-881-0066
Greater Phx. Teen Challenge	602-271-4084	Narcotics Anonymous	520-881-8381
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Magellan Crisis Hotline	800-631-1314	Sex/Love Addicts Anonymous	520-792-6450
Marijuana Anonymous	800-766-6779	Sex Addicts Anonymous	520-745-0775
The Meadows	800-632-3697	Sierra Tucson	800-842-4487
Narcotics Anonymous	480-897-4636	The S.O.B.E.R Project	520-404-6237
National Domestic Violence	800-799-SAFE	Suicide Prevention	520-323-9372
NCADD	602-264-6214	Tucson Men's Teen Challenge	520-792-1790
Nicotine Anonymous	877-TRY-NICA	Turn Your Life Around	520-887-2643
Office Problem Gambling	800-639-8783	Workaholics Anonymous	520-403-3559
Overeaters Anonymous	602-234-1195		
Parents Anonymous	602-248-0428		
Psychological Counseling Services (PCS)	480-947-5739		
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Holiday Hoopla from page 4

get along swimmingly.

Consider Jane, a wife and mother struggling with her addiction to romantic intensity:

Last year before the holidays rolled around, I took some time out from my endless search for love by getting out of the romantic chat rooms and off of websites like Match.com and Ashley Madison so I could prepare for a holiday of reconnection with my husband and family. I planned everything down to the last detail — tasteful decorations, delicious food, perfect presents, the whole nine yards. On Christmas Eve there would be caroling around the neighborhood, and on Christmas morning our family would light a fire in the fireplace, eat cinnamon buns and drink hot chocolate, and then open our presents one at a time, savoring each and every special gift. Unfortunately, reality is not always what I would like it to be.

My husband John refused to go caroling, the kids ripped open their presents while I was still in the kitchen making coffee, and they complained about almost every gift they received. Then John started yelling at the kids for being selfish, I started yelling at him for yelling at the kids, and pretty soon I'd had about enough. So I left home for a drive with no particular plan in mind except calming myself down. Yet without much effort or thought I soon "found myself" in a cheap motel room hooking-up with a married guy I met on my smartphone Ashley Madison app. Apparently, his Christmas morning didn't live up to expectations, either. Even though I was filled with shame and felt terrible for leaving John alone with the kids on what was supposed to be an extraordinary day for all of us, I was absent for several hours. It was like I couldn't stop myself.

For this type of sex and love addict, the holidays — viewed as a cure-all way to re-establish love and family connection — can easily become a reason to act out sexually. The simple fact is no spouse or family can live up to the idealized expectations placed upon them by an addict eager for excellence (and escape), and when they inevitably fail in their duty of perfection, the addict ends

up hurt, resentful, disappointed, and ready to act out.

Holiday Checks and Balances

For individuals in or out of recovery a mindfulness check-in — perhaps even a written check-in later read aloud to a good friend, therapist, or 12-step sponsor — can be especially helpful around the holidays.

Useful questions to ask yourself include:

- Am I feeling isolated, lonely, sad, or angry as the holiday season approaches?
- Am I keeping any sexual or romantic fantasies, ideas, plans, or behaviors a secret?
- Have I recently contacted former hookup partners or lovers, drug using friends, or drug dealers?
- Will I "run into" past or potential sexual partners at a holiday celebration or event?
- Do I have idealized, possibly unrealistic expectations about the season or any upcoming events?
- Am I prepared to handle holiday disappointments, letdowns, and the like?
- Am I feeling impulsive or obsessive?
- Am I resting, eating well, and generally taking good care of my physical, emotional, and spiritual self?

It is especially useful at this time of year for individuals already in sex or love addiction recovery to talk to their sponsor or a supportive friend in recovery about whatever it is they are feeling, to step up support group attendance, and go back to the very basic, early recovery advice that has worked in the past such as, "Just do the next right thing," and, "One day at a Time." If you're not in recovery but know you have a problem with compulsive sexual or romantic behavior and/or addictive substances, now is a great time to reach out for help. The best holiday gift you can give to yourself and to your loved ones is the gift of healing and sobriety. Making an appointment with and talking to a licensed (sexual) addiction therapist is the perfect

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first step. You might not "get well" in time to fully enjoy this holiday season, but with a little hard work and dedication you can ensure that future holiday seasons are filled with genuine intimacy and joy — even if you and your family never quite achieve Norman Rockwell perfection.

Robert Weiss LCSW, CSAT-S is Senior Vice President of Clinical Development with Elements Behavioral Health. A licensed UCLA MSW graduate and personal trainee of Dr.

Patrick Carnes, he founded The Sexual Recovery Institute in Los Angeles in 1995.

He is author of *Cruise Control: Understanding Sex Addiction in Gay Men*, and co-author with Dr. Jennifer Schneider of both *Untangling the Web: Sex, Porn, and Fantasy Obsession in the Internet Age* and the upcoming 2013 release, *Closer Together, Further Apart: The Effect of Technology and the Internet on Sex, Intimacy and Relationships*, along with numerous peer-reviewed articles and chapters. www.sexualrecovery.com

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RECOVERY IS OUT - TO CHANGE THE ADDICTION CONVERSATION FROM - PROBLEMS TO SOLUTIONS

the two counselors who were let go were not full-time staff members and had been paid on a per diem basis. Patrick says no other layoffs have occurred in the organization in recent weeks.

Patrick describes the personnel moves as reflecting a decision by the organization's transition team that spiritual care "needed to be more deeply integrated into the treatment process overall at the Betty Ford Center, in all of our programs," rather than being situated as a stand-alone function.

Patrick adds, "This had absolutely nothing to do with the impending merger of the Betty Ford Center and Hazelden. We at the Betty Ford Center are very much the masters of our own fate and the captain of the ship at this stage."

When the final details of the merger with Hazelden become official, Hazelden president and CEO Mark Mishek will become the chief administrator of the merged entity. Each facility will retain its brand identity as the deal officially takes effect.

McAndrew says he was looking forward to the chance to explore what the two organizations' spiritual care leaders could learn from each other as the facilities joined together. He believes that the Betty Ford Center's programming has done a particularly noteworthy job, vis-à-vis other treatment centers, of working with patients to develop their conception of the Higher Power in their life.

While McAndrew does not doubt that Betty Ford's services will retain a spiritual focus, he adds that the personnel moves to him at least suggest "a certain lack of focus." He adds, "If this is something that the patients point to as making a difference, it's really too bad that that's being undone."

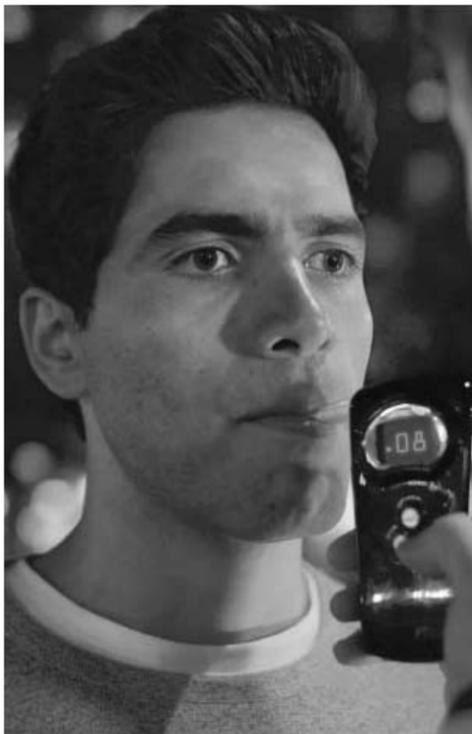
Experts Call for Better Addiction Medicine Education for Physicians

Many doctors fail to diagnose and treat substance use disorders, in part because they have not been educated about addiction medicine, according to three experts. They call for better training in the *Journal of the American Medical Association*.

A number of diseases are caused by substance use disorders, and hospitals are "clogged" with patients suffering from these illnesses, write Dr. Evan Wood of the University of British Columbia, Dr. Jeffrey H. Samet, President of the American Board of Addiction Medicine (ABAM), and Dr. Nora D. Volkow, Director of the National Institute on Drug Abuse.

The experts write that new therapies and behavioral interventions have been developed for a number of addictions, *Newsweek* reports. "Despite the availability of these evidence-based prevention and treatment strategies, only a small fraction of individuals receive prevention or treatment consistent with scientific knowledge about what works," Dr. Samet said.

"There is a remarkable gap between the science of addiction medicine and the care that patients actually receive," Dr. Wood said. "Ultimately, this stems from the fact that investments in research have not been coupled with strategies to adequately train physicians to deliver evidence-based care." He noted that only about 10 percent of people with an



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alcohol addiction receive recommended care. Most treatment for addiction in the United States and Canada is provided by laypersons, the article notes.

ABAM has accredited 18 addiction medicine fellowship programs across the country. Doctors who complete one of these fellowships are eligible to sit for the ABAM exam to become certified in addiction medicine.

Poll of Teens Finds 77 Percent Say They Don't Drink Alcohol

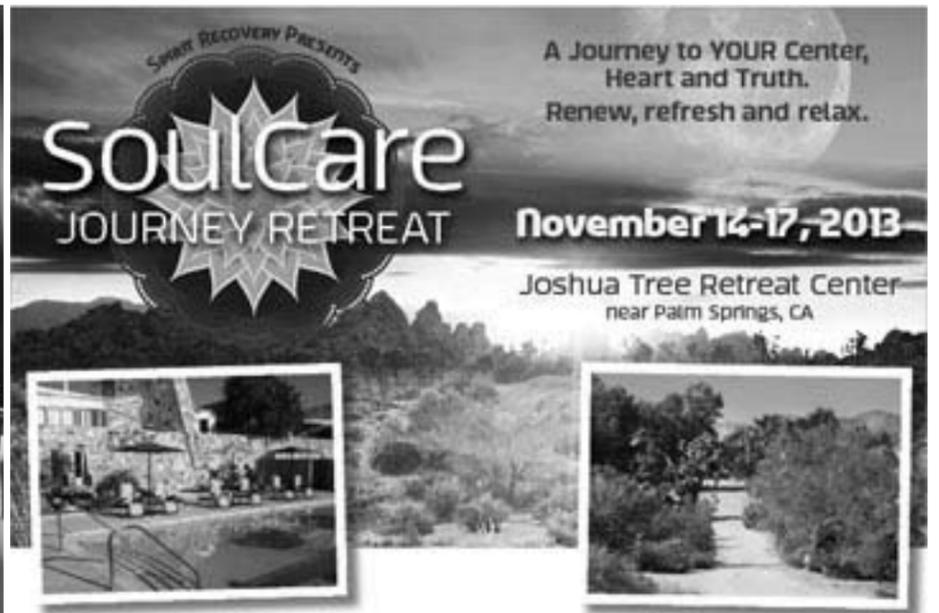
A poll of high school teens finds 77 percent say they don't drink alcohol. According to Mothers Against Drunk Driving (MADD), which released the poll, 69 percent of teens say they don't drink, and an additional 8 percent say they used to drink, but don't anymore.

When asked why they don't drink, teens said their top five reasons were because it's illegal, it can be harmful to their health, it can affect their grades, their parents disapprove, and they don't want to be like their peers who drink, according to *HealthDay*.

According to the poll of 695 students, more than half said they would be less likely to be friends with or date someone who is an underage drinker, the article notes.

The results were released during Red Ribbon Week, a national campaign to raise awareness about the dangers of drug and alcohol use among young people.

"As adults, we know how dangerous underage drinking is for our kids, but these new survey results show that teens are getting the message, too," MADD National President Jan Withers said in a news release.



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PEERx

Help Teens Make Smart Decisions

The more you know about prescription drug abuse (and the science behind it), the more you'll want to help your friends (if you're a teenager) or students (if you're an educator) learn the facts and make smart decisions. NIDA developed the tools to help you get the word out and make a positive difference in teens' lives.

The Facts and Activity Guide for students and teachers will support you in your efforts. Downloadable posters, buddy icons, and more Downloads will make it fun to help teens avoid prescription drug abuse.

Prescription drug abuse is a big problem among youth across the Nation. Among youth who are 12 to 17 years old, 2.8 percent reported past-month nonmedical use of prescription medications (that is, without a doctor's guidance). In fact, according to the 2012 Monitoring the Future Survey, prescription and over-the-counter medications are among the most commonly abused drugs by 12th graders, after alcohol, marijuana, and tobacco. When asked how prescription narcotics (opioids) were obtained for nonmedical use, more than half of the 12th graders surveyed said they were given the drugs or bought them from a friend or relative.



The Problem

Teens are making the decision to abuse prescription medicines based on misinformation. Teens abuse drugs for a number of reasons, including to get high, to treat pain, and because they think it will help them with school work. Teens often don't realize prescription drugs can have dangerous short- and long-term health consequences when used inappropriately (e.g., using someone else's medication or taking their own medication in a way other than prescribed, such as a larger dose or more frequently).

A New Initiative

The National Institute on Drug Abuse (NIDA) is reaching out to help stop this troubling problem among teens. "Prescription drug abuse is not new, but it does deserve continued vigilance," said NIDA Director Nora D. Volkow, M.D. "It is imperative that as a Nation we make ourselves aware of the consequences associated with the abuse of these medications." Whether you are an educator, mentor, or student, NIDA encourages you to use materials provided by PEERx to learn about prescription drug abuse and to spread the word about its effects on health.

About PEERx

PEERx was created to provide educators, mentors, student leaders, and teens with science-based information about the harmful effects that prescription drug abuse has on the brain and body. Information sharing is a collective effort; therefore, NIDA is asking you to take the information provided on this Web site and raise awareness among teens in your community about the dangers and effects of abusing prescription drugs.

Many features of this site can be used to help generate ideas on how to raise awareness among the teens you encounter daily. Learn the science behind prescription drug abuse in The Facts. Get helpful tips for teachers and student leaders on how to engage teens actively through homework assignments or extracurricular projects in the Activity Guide. Use fun downloads for teens to help spread the word among friends and classmates in Downloads.

<http://teens.drugabuse.gov/peerx/about-peerx>

9 Ways to Reduce Anxiety Right Here, RIGHT NOW

By Margarita Tartakovsky, MS

When you're feeling anxious, you might feel stuck and unsure of how to feel better. You might even do things that unwittingly fuel your anxiety. You might hyperfocus on the future, and get carried away by a slew of what-ifs. What if I start to feel worse? What if they hate my presentation? What if she sees me sweating? What if I bomb the exam? What if I don't get the house?

You might judge and bash yourself for your anxiety or believe your negative, worst-case scenario thoughts are indisputable facts.

There are many tools and techniques to manage anxiety effectively. Below, experts shared healthy ways to cope with anxiety right here, right now.

Take a deep breath

"The first thing to do when you get anxious is to breathe," said Tom Corboy, MFT, the founder and executive director of the OCD Center of Los Angeles, and co-author of the upcoming book *The Mindfulness Workbook for OCD*.

Deep diaphragmatic breathing is a powerful anxiety-reducing technique because it activates the body's relaxation response. It helps the body go from the fight-or-flight response of the sympathetic nervous system to the relaxed response of the parasympathetic nervous system, said Marla W. Deibler, PsyD, a clinical psychologist and director of The Center for Emotional Health of Greater Philadelphia, LLC.

"Try slowly inhaling to a count of 4, filling your belly first and then your chest, gently holding your breath to a count of 4, and slowly exhaling to a count of 4 and repeat several times."

Accept that you're anxious

Remember that "anxiety is just a feeling, like any other feeling," said Deibler, also author of the Psych Central blog *"Therapy That Works."* By reminding yourself anxiety is simply an emotional reaction, you can start to accept it, Corboy said.

Acceptance is critical because trying to wrangle or eliminate anxiety often worsens it. It just perpetuates the idea that your anxiety is intolerable, he said.

Accepting your anxiety doesn't mean liking it or resigning yourself to a miserable existence. "It just means you would benefit by accepting reality as it is — and in that moment, reality includes anxiety. The feeling of anxiety is not intolerable."

Your brain is playing tricks on you

Psychiatrist Kelli Hyland, M.D., has seen first-hand how a person's brain can make them believe they're dying of a heart attack when they're actually having a panic attack. She recalled an experience she had as a medical student.

"I had seen people having heart attacks and look this ill on the medical floors for medical reasons and it looked exactly the same. A wise, kind and experienced psychiatrist came over to [the patient] and gently, calmly reminded him that he is not dying, that it will pass and his brain is playing tricks on him. It calmed me too and we both just stayed with him until [the panic attack] was over."

Dr. Hyland tells her patients the same thing. "It helps remove the shame, guilt, pressure and responsibility for fixing yourself or judging yourself in the midst of needing nurturing more than ever."

Question your thoughts

"When people are anxious, their brains start coming up with all sorts of outlandish ideas, many of which are highly unrealistic and unlikely to occur," Corboy said. And these thoughts only heighten an individual's already anxious state.

Deibler suggests asking yourself these questions when challenging your thoughts:

- "Is this worry realistic?"
- Is this really likely to happen?
- If the worst possible outcome happens, what would be so bad about that?
- Could I handle that?
- What might I do?
- If something bad happens, what might that mean about me?
- Is this really true or does it just seem that way?
- What might I do to prepare for whatever may happen?"

Use calming visualization

Hyland suggested practicing the following meditation regularly, which will make it easier to access when you're anxious in the moment.

"Picture yourself on a river bank or outside in a favorite park, field or beach. Watch leaves pass by on the river or clouds pass by in the sky. Assign [your] emotions, thoughts [and] sensations to the clouds and leaves, and just watch them float by."

This is very different from what people typically do. Typically, we assign emotions, thoughts and physical sensations certain qualities and judgments, such as good or bad, right or wrong, Hyland said. And this often amplifies anxiety. Remember that "it is all just information."

Be an observer

Hyland gives her new patients a 3x5 index card with the following written on it: "Practice observing (thoughts, feelings, emotions, sensations, judgment) with compassion, or without judgment." "I have had patients come back after months or years and say that they still have that card on their mirror or up on their car dash, and it helps them."

Use positive self-talk

Anxiety can produce a lot of negative chatter. Tell yourself "positive coping statements," Deibler said. You might say, "this anxiety feels bad, but I can use strategies to manage it."

Focus on the now

"When people are anxious, they are usually obsessing about something that might occur in the future," Corboy said. Instead, pause, breathe and pay attention to what's happening right now, he said. Even if something serious is happening, focusing on the present moment will improve your ability to manage the situation, he added.

Focus on meaningful activities

When you're feeling anxious, it's also helpful to focus your attention on a "meaningful, goal-directed activity," Corboy said. He suggested asking yourself what you'd be doing if you weren't anxious. If you were going to see a movie, still go. If you were going to do the laundry, still do it.

"The worst thing you can do when anxious is to passively sit around obsessing about how you feel."

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LIFE 101

By **COACH CARY BAYER** www.carybayer.com

Playing with House \$

One night my wife and I, who had bought tickets to see the incomparable Martin Short perform a one-man show at the Seminole Hard Rock Casino in Hollywood, Florida, were given \$20 apiece in chips as a perk for purchasing the tickets. The stipulation was that we could only gamble them on slot machines. I'm not much of a gambler, but it doesn't take one to know that these one-eyed bandits are the hardest places to win at in any casino. But, heck, we had 20 bucks apiece in chips to play for free before the show started. They couldn't even be redeemed for \$20 in cash, so, we figured, that we might as well play. If we didn't play, we'd lose it, so why not have some fun?

My wife won a few dollars and then finally quit. I, however, was having far better luck. Before you knew it, I was up \$10, then \$30, then \$60 and so on. My eyes were popping out of my head. Up \$60, I put the \$20 in chips in my pocket, so that I couldn't lose; I was now having fun playing with house money. Eventually, my winnings soared to about \$135, and then I decided to quit. I had, by that time, won enough money for my wife and me to see Martin Short for free, courtesy of Lady Luck.

Higher consciousness is a lot like playing with house money. The sense of its freedom is so profound, that the sense of unshakeability is so palpable. Once you realize that your Self is in the field of the timeless field of the Transcendent, you also experience that you cannot be touched by anything in the world that we know. In other words, no matter what happens, you cannot lose your higher Self. It doesn't mean that you don't experience sad-

ness when things happen that hurt the heart; it's just that nothing can hurt your true Self. Another way of saying it is no matter what happens in life you cannot lose. And most of what happens adds another layer of joy to the unshakeable peace that is your daily moment-by-moment experience—24/7.

As a result, there's a feeling of great freedom, freedom to be spontaneous, freedom to express yourself, freedom to play. While the expression, "Playing with house money," is a good analogy for higher consciousness, it is, after all, only an analogy—it doesn't come close to expressing the inner condition of the realized man. It reminds me of the time I spent five months with Maharishi Mahesh Yogi on an advanced training course called the TM-Sidhi program, in San Moritz, Switzerland. Every now and then I would send these gorgeous postcards home to those whom I loved — this was long before the advent of email, attachments, text messages, and the Internet — and would usually say something on the card along the lines of "No matter how beautiful the front of this postcard is, it doesn't do justice to the sheer sublime beauty that are the Swiss Alps." The advent of email, attachments and the Internet haven't changed that fact one iota.

When I was a boy, my friends and I used to play a game that was a variation of Tag, called Ringolevio. There was an expression that we used to shout when we were able to free others who were in "jail." That expression was "Home free all." And, in a certain sense, higher consciousness is a state where you are both home and free, and for all time — on a 24/7 basis for the rest of your life.

First Single-Ingredient Hydrocodone Drug Receives FDA Approval

The Food and Drug Administration on Friday approved the first pure hydrocodone drug in the United States. The drug, Zohydro ER (extended release), was approved for patients with pain that requires daily, around-the-clock, long-term treatment that cannot be treated with other drugs.

Drugs such as Vicodin contain a combination of hydrocodone and other painkillers such as acetaminophen, the Associated Press reports.

In December, a panel of experts assembled by the FDA voted against recommending approval of Zohydro ER. The panel cited concerns over the potential for addiction. In the 11-2 vote against approval, the panel said that while the drug's maker, Zogenix, had met narrow targets for safety and efficacy, the painkiller could be used by people addicted to other opioids, including oxycodone.

Patient safety advocates criticized the FDA's decision. "We're just going to kill more kids and then the FDA is going to come back and say, 'oh, we made a mistake,'" said Avi Israel, whose son Michael committed suicide while struggling with painkiller addiction. Israel is the founder of a group that aims to combat painkiller abuse in young people.

In a statement, the FDA noted, "Zohydro ER will offer prescribers an additional therapeutic option to treat pain, which is important because individual patients may respond differently to different opioids."

The agency will require postmarketing studies of Zohydro ER to evaluate the known serious risks of misuse, abuse, increased sensitivity to pain, addiction, overdose, and death associated with long-term use beyond 12 weeks.



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