

Together AZ



SEPTEMBER 2016

Inspiring Success on the Road to Recovery

Which Rehabs are Legit?



By Jim Kreitler, CEO, Calvary Addiction Recovery Center

There are many factors to consider when choosing or referring to an addiction treatment program. Is it safe? Are their business practices fair and legitimate? Do they follow sound clinical guidelines in regards to therapy, documentation and confidentiality? Does the program have a track record of success?

These considerations take on added legal and ethical consideration when a licensed professional or program is referring a patient who has been under their care. If it ends tragically due to unsafe conditions or finances become problematic what is the liability for the referral source?

Buyer Beware

Many individuals look for treatment options on the internet, unfortunately this has drawbacks. Treatment program websites can make the cheesiest facility look like paradise. There are examples of programs paying unscrupulous online marketing companies to redirect searches. So I Google "Integrity Rehab" and it directs me to a page that provides some basic information about that program but the phone number is to a call center for a completely different company.

There are two criteria I propose should always be considered. **Is it properly licensed? Is it accredited?** While this may not be an iron clad guarantee — it speaks strongly to the professionalism and integrity of a program.

Licensing

In Arizona there are several levels of licensure.

- **Acute behavioral health hospitals** handle the most serious cases and may offer detox and IOP but rarely residential rehab. Operated as hospitals they can handle higher medical and psychiatric acuity, i.e., Aurora, St. Luke's, Banner, Valley Hospital, Quail Run.
- **Inpatient Behavioral Health Facility.** For primary inpatient rehab and also detox. They are staffed 24/7 with RNs, offer physician and psychiatric visits usually onsite, facilities meet stringent safety and anti-ligature requirements. These are appropriate placement for those requiring 30 day inpatient due to risk of relapse, post-acute withdrawal, med-management, co-occurring disorders and an intensive program of treatment. They tend to be the most established programs such as The Meadows, Cottonwood, Sierra Tucson, Calvary, Valley Hope and River Source.
- Recently several levels of residential have been combined into one for licensure. It may or may not include counseling. The licensure requirements while not onerous reflect a level of safety, client's rights, record keeping, rules for medication management and reporting requirements. Examples in the valley include; A Better To-

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Shining a Light on Recovery From Addict to Advocate

In just a few weeks, Saturday, September 17 to be exact — *The Art of Recovery* welcomes **Greg Williams** to Arizona for the 11th annual Expo. Greg is clean and sober since age 17; a powerful voice for recovery advocacy, and filmmaker of **The Anonymous People and Generation Found.**

It is my hope we join together as a community to welcome him and celebrate Recovery Month.

—Barbara Nicholson-Brown

www.artofrecoveryexpo.com



Describe your journey from addict to recovery advocate and background on your addiction and what took you to your bottom?

Greg Williams: I got into recovery at 17 years old. I was heavily addicted in my adolescence and, following a near-death car accident, entered an addiction treatment program in July of 2001. It was there I was introduced to the idea of long-term recovery. Following treatment, I spent 90 days in a recovery house where I met a lot of people in long-term recovery and got involved in 12 step fellowships and other peer recovery support activities.

Once back home, I became very active in my community in Connecticut. I worked with young people in recovery and tried to do a lot of recovery-related service work. That continued while I was in college and working regular jobs. It was through that experience I ran into a lot of system-level barriers trying to help others get into recovery.

I had friends who didn't have the opportunities I did to get treatment because of health insurance discrimination. I had friends who couldn't find recovery housing, and friends I wrote letters to in jail who were getting even sicker behind bars, and then there were the friends who died of addiction. I attended a lot of wakes in my first five or six years of recovery.

As all of that was happening, my life is getting a lot — lot better, and I'm seeing thousands of other young people at conferences whose lives are also getting better and we often talked about the disconnect between the thousands of young people supporting each other in recovery and the system barriers we and our families had experienced on our way to recovery.

It was then I began to get angry with how we as a country deal with addiction. During that time, I met a special woman who became my mentor, Donna Aligata. Donna was very active in the formation of **Connecticut Community for Addiction Recovery (CCAR)** and was working on a grant project through The Department of Children and Families about family advocacy. We ultimately decided to create a non-profit organization called Connecticut Turning

to Youth and Families (CTYF).

I did many short videos of young people in recovery for it and to get started, she introduced me to your work, and she introduced me to **Faces and Voices of Recovery.** She asked me to speak at the Connecticut Legislative Building. I went there with my father and we told our recovery story to legislators in this very public venue.

A *Hartford Current* reporter, the big newspaper there, came over and asked, "Can I write an article about you?" I said, "Yeah, you just can't use my last name."

I was 23, about six years in recovery and he looked at me confused and said, "You just testified

in a public setting on the local cable access, but you can't use your name in the article." And I said, "Yeah, I'm not allowed to."

He respected that and wrote a nice article about this young guy who got into recovery at 17. It was one of the nicest recovery articles that has ever been written about me.

The first line of the article refers to me as Greg W., and then it goes on to tell my recovery story. Donna called me when the article came out, and said, "If I didn't understand anything about addiction or recovery or anonymity, what do I read in that first sentence of this article?" And I said, "I guess that I'm ashamed" and then she said, "Is that why you're speaking out?" and I said, "No, of course not." My friends in recovery understood why I didn't use my last name, but that was not the reason in the eyes of the public.

After that, I ended up at one of the Recovery Message Trainings held by Faces and Voices of Recovery, and it was there I really began to understand the distinction between 12-Step Anonymity and being public about my recovery status. That unlocked the door, giving me a whole new language to become comfortable as a public advocate and helped me understand why putting **a face and a voice on recovery is so important.**

There has been a change in the perception of addiction as a disease, is it more widely accepted?

GW: This debate about whether addiction is a disease or a matter of choice continues to garner headlines and direct our collective discussion away from the only thing that really matters: **"How do people enter recovery from addiction and stay well?"**

According to the Centers for Disease Control and Prevention, drug overdoses are now the leading cause of accidental death, more than motor vehicle accidents. Bluntly put, each day a plane crashes in America full of young people and here we sit in 2016 rehashing the same circular argument about the nature

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Publisher's Note



By Barbara Nicholson-Brown

You're invited!

On behalf of The Art of Recovery Expo, our sponsors and exhibitors, we invite you to join us on Saturday, September 17th at the Phoenix Convention Center for a day of celebration. This year's theme focuses on adolescent, young adult and family recovery.

Our goal is to provide any one and every one the valuable resources, education and expert information set within a positive atmosphere — free of charge.

We are honored to have Greg Williams, Keynote Speaker and Special Guest, Debbie Moak, Director of the Governor's Office of Youth, Faith & Families at the event.

Terros Health will present on HIV/STI Prevention emphasizing how substance use and HIV are directly correlated, risk reduction information and practices will be discussed.

To the many, many people who assist in bringing this event to life each year, my heartfelt thanks and gratitude.

See you at the Expo - 9:30 a.m. - 4:00 p.m.
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day, Crossroads, Maverick House, Soba Mesa, Sundance, Unhooked and recently opened Blue Sky.

- **Outpatient.** Very basic safety and proper storage of records. The easiest licensure but seems to be overused by programs really providing residential.
- **Laboratory License** is mainly used in addiction treatment for urine drug testing. CLIA (Clinical Laboratory Improvement Amendments) is regulated by the federal government through the state agency, regional office and central office. This is not required for simple point of care test cups. If programs are CLIA licensed they are almost always billing insurance for this testing and this practice has been ripe with reported abuse.

It is very important folks use and refer to properly licensed programs. The recent phenomenon of "*Florida Model*" programs that license as outpatient but market and provide residential is troubling. ADHS is aware but lacks jurisdiction unless the facility helps manage medications or does counseling on site.

Referring to programs that do not license their homes carries liability. A former state BH license regulator reports an instance where a family sent their son for Florida model treatment to AZ from Michigan. The young man relapsed, overdosed and died at the house. When the mother called the state for the detailed report she was told the facility was not licensed, had never been inspected and there was nothing the state could do. Check licensure at <http://azdhs.gov/licensing/index.php#azcarecheck>.

Accreditation

I am a big fan. It confirms you are operating at a high standard and always working to improve. If your program is not accredited, *why not?* Are you referring to non-accredited programs? *Why?* There are plenty of properly licensed and accredited options available.

The two most widely held national and international accreditations for rehabilitation treatment centers and other behavioral health organizations are The Joint Commission (JCAHO) and CARF (Commission on Accreditation of Rehabilitation Facilities).

The National Association of Addiction Treatment Providers NAATP recently said: "Accreditation matters. While no single factor is dispositive of high quality care, accreditation is strong indicia of such. When considered in conjunction with other factors a center might include in its prospectus, such as quality of staff, comprehensive programming, and years in operation, accreditation gives a consumer valuable information with which to assess options. Our consumer base needs and deserves that. We all do."

Rebecca Flood, Executive Director/CEO of New Directions for Women writes in an article for Addiction Professional magazine "As an accreditation advocate, I advise all of our patients, inquiring families and friends, and referral sources such as therapists, hos-

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Participants work on sensitive issues in a concentrated format, allowing them to enhance their personal journey of healing, discovery, and emotional growth. Whether you're struggling with the impact of an emotional childhood trauma, grieving a loss, wanting to repair family dynamics, or simply want to develop more self-awareness, our experienced, passionate staff delivers a powerful, life changing intensive.

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pitals and physicians who are looking for care to not only check licenses and state certifications, but also national and international accreditations, and to confirm that the facility is accredited for the level of care needed and wanted for the patient. Accreditation is the determinant for whether or not I would utilize its services, or send a family member there, and it should be for any family looking to place their loved one or any organization looking to refer a patient."

For those programs concerned accreditation is expensive and onerous JCAHO reports cost as: "a small organization would pay about \$1,689 in annual fees every year, plus a survey fee of around \$2,835 in the year we do the on-site survey." It doesn't have to take forever. Foundations Recovery Network FRN recently opened Skywood Recovery a 100-bed inpatient facility in Michigan this past spring. They achieved Joint Commission Accreditation in less than 90 days. It would have been sooner but you have to have closed charts from discharged patients for JCAHO to review.

Accreditation can be checked at <http://www.carf.org/providerSearch.aspx> for CARF and <https://www.qualitycheck.org/> for JCAHO.

Conclusion

If you are referring a loved one or client carefully consider the quality of a program by using the best tools at your disposal. Proper licensure gives you as-

urance the program meets appropriate regulations for safety, confidentiality and clinical standards. Remember if you are referring to residential to be sure that is the level of licensure. Accreditation is another tool to determine the quality of a program and gauge their commitment to professionalism. Insurance will not contract with any unaccredited program.

If you work, run or own a program, do it right! Get in the game! Get licensed and accredited properly. You can feel pride and your clients can feel confident, A winning combination!
<http://calvarycenter.com/>

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As you begin to age there are things you may not be physically able to do. Maybe you love running, but at age 70, the risk of a trip and fall accident may require you to give that up. At 70 you will no doubt feel the sadness of some of your friends passing. You might be considering which prized possessions you would like to leave to whom. At 40, I loved a healthy vibrant dialog of two opposing opinions wrestling to find resolve. Today, I am much more apt to let a Trump advocate revel in their denial. I enter into only conversations in which I can learn and the other is also willing to learn.

When I was 50, I valued quiet alone time, at 74, not so much. As you might imagine my paper covered table is rapidly getting cleared and in the end, I am finding there are only a few things I hold precious, or for which I have any interest in holding on to tightly; *honesty, presence and integrity.*

The things that matter to me most are those that come with genuine, deeply connected moments which have meaning. Why not begin making those choices today? Why wait until we are old to honor what matters most?

How do we get there? We slow down. We take a moment to ask ourselves, is what I am about to say or do in alignment with who I know I am? Is it going to add value to my life and soul's work? Those questions will immediately, providing you act on the answer, take you into a moment that matters, a place in which you will create greater consciousness. The questions will quickly blow away the small stuff and add meaning and deeper connections in your life. If you haven't danced in the world of conscious, not to worry, you can always pop back down into unconscious if you really think you need to. If you are one of those people who thinks that conscious is going to put a damper on all your fun...BOY are you in for a surprise. This life is a gift. It's time to go deep. That is our assignment right now. After all, what else matters? When you are 74 like me, I want you to be able to put your feet up and smile and just like me, have tears in your eyes because you have lived a life filled with great meaning and are blessed beyond words and 30 pieces of paper.



Dr. Evan specializes in relationships, personal and professional empowerment, compassion and consciousness. 602-997-1200, e: DrDinaEvan@cox.net, www.DrDinaEvan.com.

The Greatest Gift is Choice

By Dr. Dina Evan

Life is filled with choices. Every day we choose what we will wear, what and where to eat, with whom we will walk through life and from moment to moment who we want to be in any given situation. Unfortunately, very often we choose the same repetitive behaviors and responses without realizing we are missing the best class on the planet. The whole point of coming here is to find our who we are, at a core level. What is the nature of your character? What's in the tapestry of your spirit?

Each day we have the opportunity to choose trust over fear, love over apathy, intimacy over distance and healing over pain. So, how are we doing when making these, the most important choices of all?

I'd like to share some personal revelations with you about choice. I am 74...*way past the speed limit.*

For someone elderly, the issue of choice is front and center, especially as choices begin to diminish. Let me show you what I mean. Write on five little pieces of paper, your top five favorite things to do. Now write on five more pieces of paper your most valued friends. Next write on five pieces of paper your 5 most prized possessions. On five more write your five most important values and finally your five most important character traits. Imagine these 25 pieces of paper are sitting in front of you and with each passing year, you discover you have to give up some in each category. Let's see how that looks.

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"Drunkorexia" on the Rise Among College Students

A growing number of college students are trying to avoid alcohol-related weight gain through a practice known as "drunkorexia," CBS News reported. Students skip meals, exercise heavily before drinking alcohol, take laxatives or diuretics, or vomit after drinking.

Some engage in drunkorexia to get a faster buzz, the article notes. Researchers at the University of Houston presented data at the recent Research Society on Alcoholism annual meeting that suggests the practice is increasing.

They surveyed 1,184 college students, who said they had drunk alcohol

heavily at least once in the previous month. More than 80 percent said they engaged in at least one drunkorexia-related behavior in the previous three months. College athletes and those who lived in fraternity and sorority houses were more likely to engage in drunkorexia, study author Dipali Rinker said.

In a news release why drunkorexia can be harmful. "Potential outcomes may include less inhibition that could lead to more negative alcohol-related consequences," she said. "Additionally, restricting caloric intake to those from alcohol could lead to vitamin depletion, as it may keep the individual from eating more nutrient-dense foods."

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of the problem?

We have debated whether addiction is a disease or choice since the signing of the Declaration of Independence when Dr. Benjamin Rush was the first published American to call chronic drunkenness “a distinct progressive disease” in 1784.

Regardless of whether any one of us thinks, knows or believes that addiction is a disease, people are dying. If any one of us thinks, knows or believes that addiction is a choice, people are still dying. I’d say it’s time for a new debate, wouldn’t you?

Why does addiction still carry so much shame and secrecy, even with well-known people speaking openly about their personal battles and recovery?

GW: The illness of addiction causes a great deal of isolation and the behaviors connected to the problem often appear in ways that don’t present like other illnesses. People suffering from addiction cause public safety issues and often times garner headlines for sensational things they’ve done under the influence. Overcoming the perception that people don’t get well is a challenge.

Families have suffered great pain as a result of addiction and celebrities often don’t connect their personal stories of triumph to something than their individual journeys. We have system problems and solutions must be systemic as well—the stories from prominent individuals are important, but when they are connected to a distinguishable movement then we will be making real progress.

What is the most important message we can offer families about alcoholism and addiction?

GW: Some **23.5 million Americans are living in recovery** — 10 percent of all American adults 18 and older, according to New York State’s Office of Alcoholism and Substance Abuse Services.

Regardless of how you want to categorize the nature of the problem, there is a solution. People get well. **More than 23 million people have gotten well, and I am one of them.**

Your movie *The Anonymous People* made a great impact on bringing stories of recovery to light, what are your hopes for the new film *Generation Found*?

GW: The number one issue discussed in our post-screening conversations around *THE ANONYMOUS PEOPLE* was how addiction impacts young people, and the needs for youth recovery support. Jeff Reilly and I decided this topic was so important we began working with an incredible community in Houston, Texas where we had the opportunity to spend the last two years capturing something most have never seen or even heard about!

Devastated by an epidemic of addiction, Houston faced the reality of burying and locking up its young people at an alarming rate. And so in one of the largest cities in America, visionary counselors, law school drop-outs, aspiring rock musicians, retired football players, oil industry executives, and church leaders came together to build the world’s most comprehensive peer-driven youth and family recovery community.

You were very involved in the creation of *Facingaddiction.org* and the rally held last October in D.C.—a tremendous success; do you see the movement growing?

GW: History was made in Washington, D.C., on October 4th, 2015. Despite hurricane and flooding threats, tens of thousands of people from around the world joined to UNITE to Face Addiction in dramatic fashion for the first time in the “public eye.”

Oct. 4, 2015 was the first time that major musicians, politicians, actresses, athletes, models, journalists, authors, and advocates joined their voices together on the National Mall to push for addiction solutions for the health crisis impacting 85 million Americans.

Together we must continue to face addiction because no one should ever have to overcome addiction alone. No longer can we sit on the sidelines and let others worry about changing the system. While system and cultural change is harder for the press to write about than focusing on the problem, it is the only path forward if we are going to save lives.

When someone is diagnosed with a disease like cancer for instance, help and treatment is sought out immediately, why do you think addiction or behavioral health problems aren’t as readily addressed?

GW: Lack of understanding of the benefits. Today, I pay taxes, vote and have been contributing my share for more than 15 years, since I entered recovery when I was 17 years old, after nearly losing my life to addiction. You can refer to me as a drug-addicted junkie who made bad choices or as a good kid who got caught up with a bad illness.

Either way, my recovery from addiction is worth anywhere from \$250,000 to \$2.3 million dollars to you, the taxpayer. I no longer crash cars, have run-ins with the legal system or end up in emergency rooms.

I am not alone. In 2013, Faces & Voices of Recovery, a nonprofit organization, published “Life in Recovery,” the first-ever national survey documenting the dramatic improvement in the lives of those who are addicted and enter recovery. Of people who leave active addiction, findings include:

- Steady employment increases by more than 50 percent
- Planning for the future (e.g., saving for retirement) increases nearly threefold
- Twice as many people further their education or training
- Twice as many people start their own businesses
- Participation in family activities increases by 50 percent
- Volunteerism in the community increases nearly threefold
- Involvement in illegal acts and involvement with the criminal justice system (e.g., arrests, incarceration, DWIs) decreases about tenfold

But sadly for you the taxpayer, we have not invested in finding out how people get into or sustain long-term recovery the way we have done with remission from HIV/AIDS or cancer. If we only knew more about how these 23 million Americans got and stay well, then we would be making real progress. Pathology or behavior would then be the least of our concerns.

How can all of us get more involved with your efforts here in Arizona?

GW: The Facing Addiction Action Network will engage with individuals and organizations across the nation to tackle the addiction crisis facing our communities.

The first thing to do is to review the Facing Addiction Action Agenda. All Action Network member organizations agree to operate with respect to these goals and to share them as a part of any mobilizing and organizing efforts on behalf of Facing Addiction.

Join the action network here: <https://www.facingaddiction.org/partner-update>.

Meet Greg Williams on Saturday, September 17th at the Art of Recovery Expo, Phoenix Convention Center, South Building Hall G.

Greg takes the stage at 1:15 P.M.

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You are the future. You have opportunities to cure cancer, have a huge impact on poverty and income inequality, save our environment, reduce crime and incarceration and so many other issues.

You have already won an enormous victory in human rights with marriage equality and you are rightfully proud of that accomplishment. No one was harmed in that enormous change you made to our society and way of life. Freedoms were gained.

However, you are working on another enormous change to society that may be very misguided. You support legalizing drugs, more substances of abuse, falling for the siren call of an industry marketing substances that can ruin lives and rob people of their freedoms of choice.

You are the future. Many of you are working to increase ability to choose to use recreational medicine as a personal choice, calling it Freedom of Choice. However, it is anything but Freedom. Substances of abuse such as drugs (and that does include marijuana) are not tolerated well by a significant number of individuals. It ruins the lives of some and in the process takes families and friends down with them.

Individuals with substance use disorders LOSE their personal freedoms. They lose their freedom of choice, driven by their increasing need for their drug of choice. They often harm others by their choices.

Millennials - who have the opportunity to change the world for the best — could make an enormous difference by working to reverse the appetite for addictive substances and behaviors and promote getting high from natural behaviors. You would improve mental and physical health of all, decrease child abuse and neglect, decrease crime and incarceration, decrease the demand for black markets, decrease impaired driving and accidents, improve the environment, with likely many more positive outcomes.

Or Millennials can continue their mission of legalizing marijuana, increasing negative impacts on society, impairing your drug using population that will then require you to care for many in their brain disease of addiction or in their very difficult journey of recovery. Dear Millennials, does that mission fit with your ideal future having freedoms of choice?

Sally Schindel, Prescott, Arizona

- Please vote NO on Arizona Proposition 205 to legalize recreational marijuana, on its way to the ballot in November 2016.
- Educate yourself and your acquaintances about the risks and harms of marijuana use.
- My personal story: MomsStrong.org
- How to help Arizona defeat this industry - marketing another addictive product: ArizonansForResponsibleDrugPolicy.org #NoOn205



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LIFE 101

By COACH CARY BAYER www.carybayer.com

Physical and Meta-Physical Checkups

Most good health insurance policies recommend their policyholders see their doctors for a physical check-up on an annual basis. I'm recommending that you see your life coach or meditation teacher for a meta-physical check-up, as well. You probably have never heard of such a procedure before reading that sentence, so allow me to explain.

When your medical professional gives you a physical he checks your blood pressure, weighs and examines you, perhaps tests your eyes to see how your vision is doing, and takes a blood sample to see what's going on in your body to discover any possible hidden diseases like diabetes, for example.

When your spiritual professional gives you a metaphysical he can teach you meditation. This session, for example, will give you an experience of weightlessness, help you lower your blood pressure, possibly open your third eye, and give you the opportunity to examine on a face-to-face basis the Transcendent within your self at the deepest level of your mind.

Differences

There are many other differences between a physical and a metaphysical, as well. As a result of a physical your physician might give you some kind of protocol to follow that might include exercise. Your metaphysician, on the other hand, might give you some Hatha Yoga physical postures to practice on a daily basis.

Your MD might give you a prescription that involves you taking daily medications. For his part, your metaphysician might recommend you do daily meditations. You might be invited to receive his meditation training so you can practice his method for the rest of your life.

Your medical man might also want you to increase your energy level. Your spiritual guide might want you to awaken your energy centers. These are known in the Yoga tradition as chakras. Your scientifically trained man might give you some nutritional advice to increase your energy levels, by perhaps changing your diet. Your esoterically trained person might give you a mantra to balance your energy centers.

If there are problems with your vision, your doctor might suggest you see an ophthalmologist and get a prescription for eyeglasses. If there's any weakness in your inner vision, your life coach might teach you a visualization technique that can aid you in speeding up the manifestation of your intentions. Your doctor would be enriching the performance of your eyes, your coach would be enriching the experience of your I, your sense of self.

Your doctor might encourage you to take on a protocol of some kind that involves taking nutritional supplements like vitamins and minerals every day. Your metaphysician might also teach you a vital affirmation practice every

day. This can help you make use of the metaphysical laws of Nature, such as the Law of Attraction, to help you in your wish to manifest your desires.

If your doctor has a holistic bent, he might see some of your physical imbalances have mental and emotional counterparts. If you suffer from high blood pressure or hypertension, for example, it might have something to do with hostilities between you and those you've loved. He might ask you to find peace between you and such people. Your life coach would likely be better equipped to teach you exactly how to forgive and make such peace. These might include the Forgiveness Diet of Sondra Ray, the Radical Forgiveness of Colin Tipping, and the Forgiveness Letter that I teach.

To prepare for a physical, your doctor will most likely ask you to fast overnight, to refrain from taking any food or beverage. This prepares you for the blood testing that will follow on the day of your check-up. Your metaphysician will possibly recommend that you fast from time to time as a way of purifying your body, mind, and spirit to receive inspiration from your higher Self.

Your metaphysician most likely will not be covered by insurance, but I assure you, if you see him and get a metaphysical check-up you will be on your way to a healthier, perhaps wealthier, and more spiritually awakened life than you ever lived before.

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Community Calendar

Send your events and support group information to aztogether@yahoo.com. Due 20th of month prior to printing

FREE Professional Networking Luncheon — Psychological Counseling Services (PCS)
Join us for a free networking luncheon experience from 12:15- 1:45 P.M. Mark your calendar: **SEPT. 20**. If you have attended in the past, join us. If you are new send an email request for an invitation to pcs@pcsearle.com or call **480-947-5739**. Ellen Hamilton for details.

RIO RETREAT CENTER — A Man's Way™ Intensive. Upcoming October 3-7. Using the powerful curriculum developed by Dan Griffin, The Meadows Senior Fellow and based on his two groundbreaking books *A Man's Way through the Twelve Steps* and *A Man's Way through Relationships*. A five day intensive and challenging experience for to transform your understanding of what it means to be a man in recovery. **Register: 800-244-4949.**

Clinical Breakfast Series — First Wednesday of the month 8:00-9:00 A.M. **St. Luke's Behavioral Health** Trends and treatments in the behavioral health field, 1 CEU. St. Luke's Behavioral Health Center Auditorium. 1800 East Van Buren Street.

Mondays—Scottsdale—FAMILY RECOVERY GROUP at The Meadows Outpatient Center. Facilitated by Brough Stewart, LPC. 5:30-7:30 p.m. Designed to help begin, continue family recovery. Stop enabling behaviors, set healthy boundaries based on Pia Mellody's Model. **No RSVP or charge.** The Meadows Outpatient Center, 19120 N. Pima Rd., Ste. 125, Scottsdale. Contact: Jim Corrington LCSW, **602-740-8403.**

Every Week — Tucson — COTTONWOOD TUCSON — Developing Healthy Families Workshop. 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 **520-743 2141** for information.

SIERRA TUCSON— Alumni Groups. Scottsdale, Tues., 6:00- 7:00 p.m. Valley Presbyterian Church. 6947 E. McDonald Drive, Paradise Valley. 480-991-4267. Alumni meet in the Counseling Center (Parlor Room). Park in the west parking lot, follow signs to the Counseling Center, located in the chapel complex. Contact: Rob L. at **602-339-4244** or stscottsdalealumni@gmail.com.

SIERRA TUCSON— Continuing Care Groups in Phoenix. Wednesdays — for Family Member Alumni (18 and over). (PCS) Psychological Counseling Services, 7530 E. Angus Drive, Scottsdale. 5:30 – 7:00 p.m. **Thursdays** — for Patient Alumni, PCS, 3302 N. Miller Rd., Scottsdale, 5:30 – 7:00 p.m. Facilitated by the clinical staff of Psychological Counseling Services. **No charge for Patient and Family Member Alumni.**

Valley Hope hosts— Voices Of Hope: Our Families, Community & Stories. FREE community event. Voices Of Hope is a march designed to create awareness around recovery and inspire. Inspirational keynote speakers, every participant will receive a FREE shirt, snacks and beverages. **September 24.** Voices Of Hope 7:00 AM at Valley Hope of Chandler. Chandler PD's event, "A Focus On Understanding And Hope" 9:00 AM.

On Going Support VALLEY HOSPITAL— IOP Group for Chemical Dependency/Co-Occuring. Mon., Tues., Thurs. 6-9:00 P.M. Call intake for details: **602-952-3939.** 3550 E. Pinchot Avenue, Phoenix. www.valleyhospital-phoenix.com

Open Hearts Open Minds Counseling Services — Women's Therapeutic Group for Partners of Sex Addicts. Find comfort, strength and hope while exploring intimacy

issues. Shea/Tatum area. **Men's Therapeutic Group for Sex Addiction**— work through a task-centered model with a certified sex addiction therapist. Call Cynthia A. Criss, LPC, CSAT **602-677-3557** for details.

Families Anonymous—12 step program for family members of addicted individuals. Phoenix -Mon. 7:00 P.M., First Methodist Church, 5510 N. Central Ave. 602-647-5800. Scottsdale Sun. 4:00 p.m., 10427 N. Scottsdale Rd., North Scottsdale Fellowship **480-225-1555** or **602-647-5800**

Thursdays— Men's Group empowering work through blockages to living. Dennis Ryan, M.C., L.P.C. 5-6:30 P.M. and 6:30-8:00 P.M. Transformation Institute. 4202 N. 32nd St., Suite J, Phoenix. **602-381-8003.**

Chronic Pain Sufferers "Harvesting Support for Chronic Pain," third Saturday of month, 12—1:00 P.M. Harvest of Tempe, 710 W. Elliot Rd., Suite 103, Tempe. Carol **480-246-7029.**

Hope, Strength, Support—Jewish Alcoholics, Addicts, Families and Friends (JACS*) 1st / 3rd Wednesday, 7:30 p.m. Ina Levine Jewish Community Campus, 2nd floor. 12701 N. Scottsdale Rd. **602-971-1234** ext. 280 or at JACSarizona@gmail.com

COSA (12-step recovery program for men and women whose lives have been affected by another person's compulsive sexual behavior)—**Being in Balance.** Thursday 11:00 am-Noon. 2210 W. Southern Ave. Mesa, 85202. Information **602-793-4120.**

WOMEN FOR SOBRIETY — www.womenforsobriety.org Meeting every Saturday—10-11:30 A.M. All Saints of the Desert Episcopal Church-9502 W. Hutton Drive. Sun City. Christy **602-316-5136.**

CO-ANON FAMILY SUPPORT GROUP - Carrying the message of hope and personal recovery to family members and friends of someone who is addicted to cocaine or other mind altering substances. **"Off the RollerCoaster"** Thurs., 6:30-7:45 P.M., 2121 S. Rural Rd., Tempe. Our Lady of Mount Carmel Church. Donna **602-697-9550** or Maggie **480-567-8002.**

COTTONWOOD TUCSON. ALUMNI—First Wednesday of month 6:00-7:30 p.m. **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. 5:00 p.m. dinner. **800-877-4520x2141.** cottonwoodtucson.com

ACOA Thurs., 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. www.aca.arizona.org

ACA. Tucson. Wed. 5:30-7:00 p.m. **Streams In the Desert Church** 5360 E. Pima Street. West of Craycroft. Room A. (Follow signs). Michael **520-419-6723.**

Overeaters Anonymous (OA)- 12 Step program for addictions to food, food behaviors. **520-733-0880** or www.oasouthernaz.org.

Pills Anonymous (PA)—Glendale Tues. 7-8:00 pm. HealthSouth Rehab 13460 N. 67th Ave. Rosalie 602-540-2540. **Mesa** Tues. 7-8:00 pm, St. Matthew United Methodist Church. 2540 W. Baseline. B-14. Jim, 480-813-3406. Meggan 480-603-8892. **Scottsdale,** Wed. 5:30-6:30 pm, N. Scottsdale Fellowship, 10427 N. Scottsdale Rd., Rm 3. Tom N. 602-290-0998. **Phoenix,** Thurs. 7-8:00 pm. First Mennonite Church 1612 W. Northern. Marc 623-217-9495, Pam 602-944-0834, Janice 602-909-8937.

CELEBRATE RECOVERY—Chandler Christian Church. Weekly Fridays 7 p.m. Room B-200. For men and women dealing with chemical or sexual addictions, co-dependency and other **Hurts, Hang-ups and**

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GA Meetings —ACT Counseling & Education. Phoenix/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, Contact Sue F. **602-349-0372**

SAA 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.

SPECIAL NEEDS — AA Meetings. Cynthia SN/AC Coordinator 480-946-1384, email Mike at mphaes@mac.com

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.** slaa-arizona.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. Tues. and Thurs. Stepping Stone Place 1311 N 14th St. cmaaz.org/god-zombies-the-awakening.

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PHOENIX /VALLEY AREA

Support Groups

Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
ACA	aca-arizona.org
Bipolar Wellness Network	602-274-0068
Cocaine Anonymous	602-279-3838
Co-Anon	602-697-9550
CoDA	602-277-7991
COSA	480-232-5437
Crystal Meth Anonymous	602-235-0955
Emotions Anonymous	480-969-6813
Families Anonymous	602-647-5800
Gamblers Anonymous	602-266-9784
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Marijuana Anonymous	800-766-6779
Narcotics Anonymous	480-897-4636
Overeaters Anonymous	602-234-1195
Parents Anonymous	602-248-0428
Phoenix Metro SAA	602-735-1681
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts Anonymous	602-337-7117
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	602-735-1681
S-ANON	480-545-0520

Treatment Service Resources

TOGETHER AZ	602-684-1136
ART OF RECOVERY EXPO	602-684-1136
ACT Counseling & Education	602-569-4328
Amity Foundation	520-749-5980
AZ. Dept. of Health	602-364-2086
AZ Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health	623-344-4400
AzRHA	602-421-8066
Calvary Addiction Recovery	866-76-SOBER
Carla Vista Sober Living	480-612-0296
Celebrate Recovery Chandler Christian Church	480-963-3997

Chandler Valley Hope	480-899-3335
Choices Network	800-631-1314 - 602-222-9444
Community Bridges	480-831-7566
CBI, Inc. Access to Care Line	877-931-9142
Core Recovery Services	602-810-1210
Cottonwood Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Decision Point Center	928-778-4600
Dr. Marlo Archer	480-705-5007
Dr. Janice Blair	602-460-5464
Dr. Dina Evan	602-997-1200
Dr. Dan Glick	480-614-5622
EVARC	480-962-7711
Franciscan Renewal Center	480-948-7460
Gallus Detox	928-227-2300
Gifts Anon	480-483-6006
Governor's Office of Youth, Faith & Family	602-542-4043
Hunkapi Programs	480-393-0870
Intervention ASAP	602-606-2995
Geffen Liberman, LISAC	480-388-1495
Lafrontera -EMPACT	800-273-8255
The Meadows	800-632-3697
Mercy Maricopa Integrated Care (MMIC)	602-222-9444 or 1-800-631-1314
National Domestic Violence	800-799-SAFE
NCADD	602-264-6214

Pathway Programs	480-921-4050
PITCH 4 KIDZ	480-607-4472
Psychological Counseling Services (PCS)	480-947-5739
Rape Hotline (CASA)	602-241-9010
Remuda Ranch	800-445-1900
Rio Retreat Center	800-244-4949
River Source-12 Step Holistic	480-827-0322 or 866-891-4221
Sierra Tucson	800-842-4487

SOL Recovery	866-212-3420
St. Luke's Behavioral	602-251-8535
Suicide Hotline	800-254-HELP
Sundance Center	844-878-4925
Teen Challenge of AZ	800-346-7859
Teen Dating Violence	800-992-2600
TERROS	602-685-6000
Valley Hospital	602-952-3939

Legal Services

Dwane Cates	480-905-3117
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Tax Intervention

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Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management	520-887-7079
Center For Life Skills Development	520-229-6220
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood Tucson	800-877-4520
Crisis Intervention	520-323-9373
Desert Star Addiction Recovery	520-638-6000
Information Referral Helpline	800-352-3792
Narcotics Anonymous	520-881-8381
Nicotine Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
Suicide Prevention	520-323-9372
Men's Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
Workaholics Anonymous	520-403-3559

To get listed email Barbara Brown: aztogether@yahoo.com

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Surgeon General sends worrisome letter to every doctor in America



UNITED STATES SURGEON GENERAL
Vivek H. Murthy, M.D., M.B.A.

August 2016

Dear Colleague,

I am asking for your help to solve an urgent health crisis facing America: the opioid epidemic. Everywhere I travel, I see communities devastated by opioid overdoses. I meet families too ashamed to seek treatment for addiction. And I will never forget my own patient whose opioid use disorder began with a course of morphine after a routine procedure.

It is important to recognize that we arrived at this place on a path paved with good intentions. Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely. This coincided with heavy marketing of opioids to doctors. Many of us were even taught – incorrectly – that opioids are not addictive when prescribed for legitimate pain.

The results have been devastating. Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly – almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed. Now, nearly two million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C.

I know solving this problem will not be easy. We often struggle to balance reducing our patients' pain with increasing their risk of opioid addiction. But, as clinicians, we have the unique power to help end this epidemic. As cynical as times may seem, the public still looks to our profession for hope during difficult moments. This is one of those times.

That is why I am asking you to pledge your commitment to turn the tide on the opioid crisis. Please take the pledge at www.TurnTheTideRx.org. Together, we will build a national movement of clinicians to do three things.

First, we will educate ourselves to treat pain safely and effectively. A good place to start is the enclosed pocket card with the CDC Opioid Prescribing Guideline. Second, we will screen our patients for opioid use disorder and provide or connect them with evidence-based treatment. Third, we can shape how the rest of the country sees addiction by talking about and treating it as a chronic illness, not a moral failing.

Years from now, I want us to look back and know that, in the face of a crisis that threatened our nation, it was our profession that stepped up and led the way. I know we can succeed because health care is more than an occupation to us. It is a calling rooted in empathy, science, and service to humanity. These values unite us. They remain our greatest strength.

Thank you for your leadership.

by Erin Brodwin, Business Insider

America's doctor just knocked on the doors of every US physician across the country. On August 25th, US Surgeon General Vivek Murthy sent this letter to 2.3 million American doctors asking for their help to curb what's being called an "unprecedented" epidemic of opioid painkiller overdose deaths.

It's the first time in history that a surgeon general has sent a letter directly to American physicians.

This is a major signal to doctors and the public that **it's time for something to be done about the thousands of Americans who are dying each year from overdosing on prescription painkillers like oxycodone, fentanyl, and morphine.**

Between 2013 and 2014, deaths from synthetic opioids skyrocketed by 79%, according to a new Centers for Disease Control and Prevention report released Thursday.

Since opioid painkillers slow breathing and act on the same brain systems as heroin, they carry serious risks of overdose and, in rarer cases, addiction. But cases that would normally be rare are happening with increasing regularity as the drugs are being given to so many people. Despite being home to 5% of the world's population, America consumes 80% of its opioids.

These drugs are powerful. Fentanyl, the drug that killed Prince, is roughly 50 times stronger than pure heroin. And although the deadly drug is legal with a doctor's prescription, it's also being made illegally in underground labs and traded across the US. Still, doctors' prescriptions are a sizeable part of the problem.

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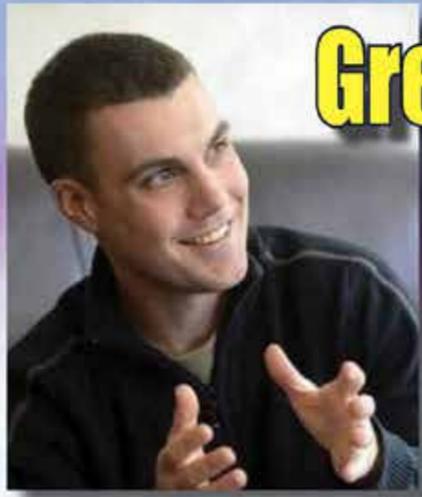
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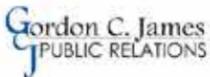
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