

Together AZ

JANUARY 2017

Inspiring Success on the Road to Recovery

FROM PILLS TO HEROIN:

CBI Attacks the Opioid Epidemic

By Stephanie Siete, Director of Community Education, Julie Wonsowicz-Moore, Senior Director of Clinical Services and Natalia Chimbo-Andrade, Community Education & Outreach Manager

A new year usually means new beginnings, goals, resolutions and change... the same can also be said for overcoming drug addiction. But what do people really know about drug addiction unless they have been personally affected by it. The word “opioid” has been tossed around a lot lately in news reports, presidential addresses, and in the treatment of managing pain. However, identifying opioid drugs, current trends, behaviors, and withdrawal, needs to be addressed as a majority of the general public is not familiar with the deadly problem opioids have recently created. In 2014, 28,647 drug deaths involved some kind of opioid, including heroin. The Centers for Disease Control (CDC) indicates about 19,000 of these deaths were from prescription opioid pain relievers.

Drug Deaths on the Rise in the US

From 2000-2014, the number of unintentional drug overdose deaths in the United States increased 137%, while opioid specific deaths rose 200%. Sadly, during those 14 years, almost 500,000 people died from drug overdoses. The US is currently experiencing more people dying from drug overdoses than car crashes every year. In 2014, alone there were 47,055 unintentional drug overdose deaths, approximately one death every 11.16 minutes and over 60% of those deaths (28,647) were due to opioids. (*CDC National Center for Health Statistics/Morbidity and Mortality Weekly Report (MMWR); January 1, 2016*).

In the most recent report by the CDC, newest data shows from 2014 to 2015, drug overdose deaths increased by 5,349 (11.4%), totaling 52,404, signifying a continuing trend observed since 1999. Opioid death rates increased by 15.6% (33,091) from 2014 to 2015. (*Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015 (MMWR); December 16, 2016*)

We Have an Opioid Crisis

Remember a few years ago all the campaigning and educating around methamphetamine? People identified meth use with “ugly” as users deteriorated: skin lesions, rotting teeth, gaunt appearance, etc. The opioid user is harder to identify. She can be a stay at home mom with 3 kids, a functioning full-time employee, or a 19 year old homeless teen. Opioids come in many forms and there is no typical user. Signs of use can vary from each person; however an individual can be extremely lethargic while violently sick experiencing diarrhea, vomiting, bone pain, or the shakes. The drug user is desperate to feel better, and may engage in risky behavior (theft, drug sales, and continued use despite the dangers) to avoid withdrawal symptoms.

These are key signs everyone must be aware of and respond to as most abusers die of respiratory



failure. We have seen such cases in recent celebrity deaths: **Heath Ledger, Philip Seymour, Hoffman and Prince**. All were found unresponsive and unable to resuscitate due to an opioid overdose. Yet, they all died from different types of opioids: prescription pills, heroin and fentanyl.

Types of Opioids and Trends

Prescription painkillers are regularly used to treat chronic pain. Doctors readily prescribe them to individuals who have gone through a surgical or dental procedure. Historically, the accepted medical protocol was prescribing meds to patients who complained of pain without evaluating their past, until last March when the CDC provided new guidelines for providers suggesting they “start low (dose) and go slow” with the prescriptions.

The CDC is reacting to the prescription drug crisis in America, as identified in the data above. Prescription drug abuse continues to be the fastest growing drug problem in the US and the 2015 increase in opioid deaths seems to be attributed to synthetic opioids like fentanyl and heroin.

Fentanyl is a powerful synthetic opioid that is similar to morphine, but up to 100 times more potent. Fentanyl is a schedule II prescription drug and is typically used to treat patients with severe pain or cancer. When prescribed, fentanyl is often administered via injection, transdermal patch, or in lozenges, however, the fentanyl associated with recent overdoses is produced in clandestine laboratories. This non-pharmaceutical fentanyl is sold as a powder, spiked on blotter paper, mixed with or substituted for heroin,

or as tablets. People can swallow, snort, or inject fentanyl, or put the blotter paper in their mouths. The lab-created fentanyl will most likely not be detected in routine toxicology screens for opiates and if administered outside of injection, much more of the drug will be needed in order to feel the effect.

Carfentanil is a synthetic opioid 10,000 times more potent than morphine and 100 times more than

fentanyl, which itself is 50 times stronger than heroin. Often disguised as heroin, carfentanil is used as an elephant tranquilizer. This potent drug can be extremely dangerous, not only to the user, but anyone that comes into contact with it. In September of 2016, the DEA (Drug Enforcement Administration) issued a carfentanil warning to the public.

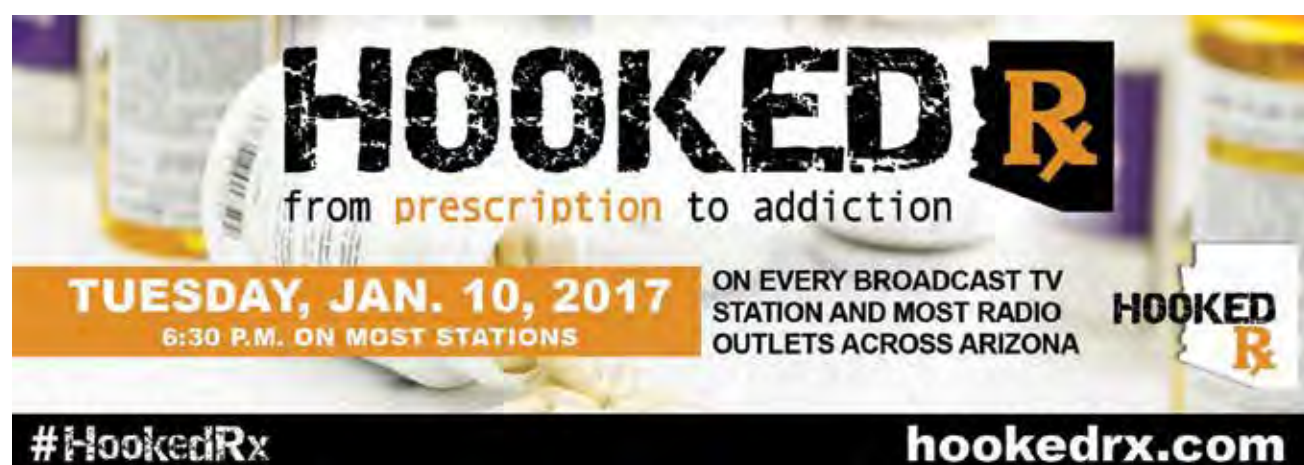
Pink a.k.a. U-47700

This synthetic opioid is a new arrival to the scene. It is similar to heroin and prescription pills in look and effect, yet more potent, like most designer drugs. It has been seen in powder and pill form, usually as a counterfeit tablet. Commonly manufactured overseas, the identity, purity and true effects are unknown. It is considered dangerous as there have been almost 100 known deaths in the US. The DEA placed “Pink” into Schedule 1 of the Controlled Substance Act on November 14, 2016, on a temporary basis for 24 months until more can be understood about this drug.

Heroin continues to be a threat as use and deaths are on the rise. According to the most recent CDC report, 12,989 deaths were attributed to heroin in 2015. This is a 20.6 percent increase from 2014. Purity levels are the greatest we’ve ever seen. In the 1980’s, 3-4% pure heroin was floating around. Today, potency levels can be upward of 70-90% resulting in death or addiction with a single use.

There has been a recent trend of heroin mixed with fentanyl, which seems to be worsening the drug crisis in America. New data about increased drug


See **PILLS TO HEROIN** page 6



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Publisher's Note



Each Day Counts

By Barbara Nicholson-Brown

It's New Year's Day and I am grateful and blessed not to be one of the many suffering from a mighty hangover or worse. How many people woke up (or came to) today wondering what happened last night?

What a gift sobriety is.

Right now I'm grateful and blessed in more ways than I can count. I must choose on a daily basis to be the best woman I was meant to be, and that includes; it's less about me and *more about you*; less of what I don't have; and *more of what I do*.

Life goes by quickly, and I am now at the age where people are transitioning to other dimensions. In the last week, we've lost Carrie Fisher, George Michaels and Debbie Reynolds. A dear friend I've known for years passed this week. We never know how much time we have on this Earth.

Make each day count.

The year 2016 has been tumultuous politically, socially and spiritually. And sometimes it's just really scary out there. But I know this: **WE ALL MATTER** and **WE ALL ARE GOD'S KIDS**.

My 2017 Wish?

We try and get along, accept one another, forgive ourselves and others, stay open minded, do one good deed a day for someone else, and continue our trudge together on this magnificent road of recovery.

Wishing you the happiness and peace each day of this year.

This issue of *Together AZ* is dedicated to the memory of Mary Lou Bernasek.



Sobriety is the strength of the soul, for it preserves its reason unclouded by passion.

(Pythagoras)

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Hot Topics

Research on substance abuse and bullying — surprising findings

By Celia Vimont

Researchers looking at the relationship between bullying and substance use in teens are coming up with some surprising findings. This is especially true in the area of bullying victimization and substance use, according to Amanda Nickerson, PhD, Professor and Director of the Alberti Center for Bullying Abuse Prevention, Graduate School of Education at the University of Buffalo in New York.

“A fair amount of research has found higher rates of substance use among bullying perpetrators,” says Dr. Nickerson. “Substance use may be one part of a cluster of problem behaviors, as well as aggressive and rule-breaking behaviors, among bullying perpetrators.”

Certain factors that lead to bullying perpetration may also lead to substance use; such as less parental monitoring and having a more difficult temperament. Some of the motives may be the same for bullying and substance use, such as sensation seeking or trying to obtain higher social status, Dr. Nickerson said.

Findings about bullying victimization and substance use have been mixed, she notes. “Some people have found there isn’t a link. Others have found kids who are victimized and also bully others are more likely to engage in substance use, but pure victims are not.”

Some research suggests bullying victims are more likely to be depressed or withdrawn, which may protect against substance use. “If they are more withdrawn, they may shy away from peers who are using substances,” she says. Other research suggests bullying victims may use substances to try to reduce the stress that comes from being bullied. “We have found that to be true more in adulthood and more in females,” Dr. Nickerson observes.

Dr. Nickerson, along with colleagues Jennifer Livingston, PhD and Kathleen Miller, PhD, are conducting a longitudinal study of 13- to 15-year-olds looking at teen health and relationships. The study, funded by the **National Institutes of Health**, has enrolled about 800 teens.

One subset of teens who say they have been bullied is providing information online daily for eight weeks on their experience of being bullied, coping strategies, and whether they are using substances. “We are trying to figure

out whether starting to use substances is related to their bullying experiences,” Dr. Nickerson said. “We’re looking for risks and protective factors — are there particular things about them, their family situations or coping strategies that protect against substance use?” Overall about one-quarter of the teens in the study say they have been bullied.

Researchers are also examining the relationship between caffeinated energy drinks and bullying. “We want to see if there are differences between young teens who use energy drinks and those who don’t in terms of bullying victimization and perpetration,” Dr. Nickerson says. “We have found that teens who use energy drinks are three to 10 times more likely to engage in other problem behaviors, such as smoking, trying alcohol and illicit drugs, and having sexual intercourse, compared with their peers who don’t use energy drinks.”

Another area is the relationship between bullying victimization, alcohol use and parental support. The researchers looked at 119 kids who said at the beginning of the study they had consumed alcohol in the past month. They found teens who were severely bullied and who had strong support from their mothers and family cohesion — such as family members asking each other for help and spending free time together — were less likely to drink than bullied teens without strong maternal support and tight family bonds.

“This tells us there is something about parental support that makes them less likely to drink if they are severely

bullied,” Dr. Nickerson says. “Often parents of adolescents don’t think they’re making a difference. This suggests they do. It is clear that listening

to their child, and believing them when they say they are being bullied, is really critical.”

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Finding Financial Recovery

By Renee Sieradski, EA, Owner, Tax Intervention,

When people are in crisis, we tend to go off track with our finances. In the context of recovery from addiction, when we get sober, we often find we have debts resulting from credit cards, hospitals, institutions, doctors, the government, or others.

Dealing with dysfunctional family modeling around finances as well as shame from abuse, can set us up to have an unhealthy relationship with money.

As a survivor of childhood abuse and dysfunctional financial habits, I can speak from experience that although overwhelming — it's not impossible to learn to have a healthy relationship with our finances.

I was the oldest of four, my mother had me when she was a teenager. She had mood swings, from extreme rage to anger and took out her frustrations by beating my backside and telling me I couldn't do anything right. Or she would be depressed and spend all day on the couch. Each day was unpredictable, and out of fear I would try to read her moods.

In school, I developed poorly; had low self-esteem and a skewed sense of reality because I believed it to be true when my mother said I wasn't good enough or doing anything right.

Being the oldest of four kids, my father told me he expected me to care for my three younger siblings and my mom. So I took on the role. I learned how to clean, cook, do laundry and get the kids ready for their day. Around seventh grade I started developing stomach problems to the point where I kept having to leave school early.

My parents decided to take me out of school so I could be home to deal with my stomach problems while at the same time helping my mother cook clean and raise the three kids. One night Sally Struthers was on a late-night television ad on how to get a high school diploma through a mail order service. Mom had it delivered and she handed it to me — and that was how I got my high school diploma. I didn't go to high school, I just taught myself at home without any adult supervi-

sion. This kept me very isolated which did not help my sense of figuring out reality. I had no concept of finances or how to handle them and much of this had to do with the financial chaos I saw modeled by my folks. I believe my mother was a shopping addict and my dad covered for her.

I remember my father opening up a savings account for me — only soon after asking me if he could borrow the money less than a month later because my mom had gone out and spent all we had.

When I married at age 18, my mother shamed me into buying brand-new furniture and vehicles even though neither of us were college graduates and we only had part-time jobs. In the first five years of marriage, we went thru debt consolidation (CCCS) twice. We finally started to figure out how to not use credit cards. When I was 26 my suppressed childhood emotional and physical abuse memories surfaced and I sought out professional help.

In therapy, I learned I had an eating disorder, co-dependent issues and incredible amounts of debilitating shame to the point where I could not function. I craved everything to stop the pain and stop the shame. I joined every 12 step group I could and one point was going to at least one meeting every day.

After EMDR therapy, a compassionate loving therapist and an amazing sponsor and determination I was able to stand on my own two feet and feel somewhat like a normal human being. How grateful I am to my therapist and my sponsor for listening to me talk hour after hour, week after week, year after year.

I've been an accountant for 17 years now and enjoy helping others in the Phoenix community dig out of their financial situation specifically by writing about how to save money on taxes, and mediating with folks who owe the IRS back taxes.

The main thing to remember is that it's okay to learn things later if you didn't learn it when you were young. I would advise you to ask yourself these questions:

Why are you having so much financial chaos in your life today? Is it because you need to address an emotional factor through therapy, 12 step meetings, medication management, journaling or other healthy recovery methods? Or you just need to learn some of the basics about how to manage your finances as an adult? It could be both; they definitely feed into each other. If you came from a place of trauma and/or abuse and were raised by wolves, it's not hopeless. You can get your finances on track, heal your inner child and become a fully functional adult. It will take time but I am living proof that it is possible. As many recovering friends say "we go from surviving to thriving" and I can definitely say that my life has reached the state of thriving so I encourage you to go ahead and not be afraid of looking at the numbers that make up your financial picture. Avoiding the numbers and not looking at them is scarier than looking at them.

The first step is the most important — coming out of denial that your finances are in chaos. Get some basic training from someone you trust about how to manage your money or take a course at the local community college or call my office and we can guide you through learning the basics. We can get to where we want to go in life by means of money despite where we came from or what we've been through.



Renee Sieradski, EA, Owner, Tax Intervention, Renee Sieradski is a tax advisor in Phoenix. Renee has been in practice since 1999.

Her areas of specialty include: Tax services, accounting for businesses, tax relief and reducing back tax debt, and the real estate industry. Renee regularly posts tax advice blogs on her website at irstaxaz.com. Services include bookkeeping in Quickbooks and individual 1040 tax preparation. Renee can be reached by email at renee@tax-intervention.com or call 602-687-9768.

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Free Your Mind and Your Life in 2017

By Dr. Dina Evan

Has the past imprisoned your mind and hijacked your life? Too many of us define ourselves and our worth based upon what we do, don't do or what we have done in the past rather than who we are at our core level. Changing this can feel difficult, and in fact, it is because it's not just about changing your thoughts, it's also about changing your brain.

I was recently shopping with my granddaughter, who admits she has a hair trigger rage that frequently comes up and gets the best of her before she knows it. We talked about why that was happening and I told her that her response was normal. She had been with an extremely controlling partner who told her she was worthless, got in her face and demanded that she do exactly as he said about everything. So now, even though she is no longer with him, if anyone makes a comment or suggestion that differs from her point of view, she feels threatened — as if they are as criticizing her and imply she is at fault or a bad person. I explained this happens because the comments are heard through the filter of her past. When that happens, a white-hot flash of fear and rage shoots down the center of her brain and she is in fight mode.

It's time for her to begin managing those feelings instead of the feelings managing and screwing up her life. I suggested the moment she feels that flash of rage, to ask herself what percentage is from the past and what percentage is about the now. She admitted that about 90% was from the past and only 10% from what was happening in the moment. I suggested as soon as she realizes this, she could take the control back and decide how she wanted to process the past feelings — i.e. in therapy, writing about them, talking to a sponsor or counselor or friend, but for the moment she could store them in an imaginary container inside her brain until she had the time and a safe place with support to deal them. Then she could deal with whatever the 10% remaining feeling were about. The great thing is that our brains

don't know this is not really happening so immediately the anxiety and rage diminish and she can respond from a conscious place. She tried it and began to respond differently. In essence, she is creating a new neuronet that she will begin to respond from automatically in the future. Sounds simple, it is, and it works great. You can email or call me for more details.

Here's the thing. You are not your feelings! Your feelings are not facts! They are just your feelings and you have the right to manage them in a way that provides the most growth and allows you to be your best self. That is what you came here to do. Imagine for a minute what our planet, and our lives might be like if we just took one moment to manage our feelings and respond differently.

So, bottom line?

You have no idea how amazing and loved you are. Nothing you do or feel from your past or future will ever change this. You are free to fulfill your purpose, live your principles, become the role model you know you can be, regardless of anything external in your life or in your world. No one else can take your place and the Universe holds your place until you are ready to step into it because that's what you came here to do. You are in charge.

Believe it or not, you have the makings of a leader, an amazing partner, a conscious parent or a change maker waiting inside. There is one in every family. One in every company, and many in this world. Don't miss your chance to do what you came here to do. It's called emotional intelligence. You can be the smartest person in the world but if you can't control and manage your emotions, you can't fulfill your purpose. You have the right to do that in his life or the next...but why wait? This can be your year.



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

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deaths due to both drugs was released mid-December, 2016. The DEA issued a nationwide alert in March, 2016 in response to a surge in overdose deaths from heroin laced with the narcotic drug fentanyl.

“Drug incidents and overdoses related to fentanyl are occurring at an alarming rate throughout the United States and represent a significant threat to public health and safety,” DEA Administrator Michele M. Leonhart said in a statement.

Clearly, we are trending in the wrong direction. Drug deaths are on the rise. Opioids are the main source of this increase and new synthetic opioids are appearing every day. We need to get educated about this reality and share the knowledge with as many people as possible so they are able to identify the behaviors and respond.

CBI Responds

Community Bridges, INC. (CBI) has been acutely aware of the opioid epidemic for some time and has continues to developed and adapt programs to ensure we are utilizing evidence- based and best practices programs in order to tackle this societal concern. CBI has an Opioid Intervention program, a comprehensive model designed to treat opiate addiction, while meeting the behavioral and physical health needs of the individual. The Opiate Intervention program utilizes trauma-informed care and multidisciplinary approaches to help those persons who struggle with opioid addiction recover their lives. There are three equally important aspects of the model: medication assisted treatment, therapeutic counseling, and family and friends support.

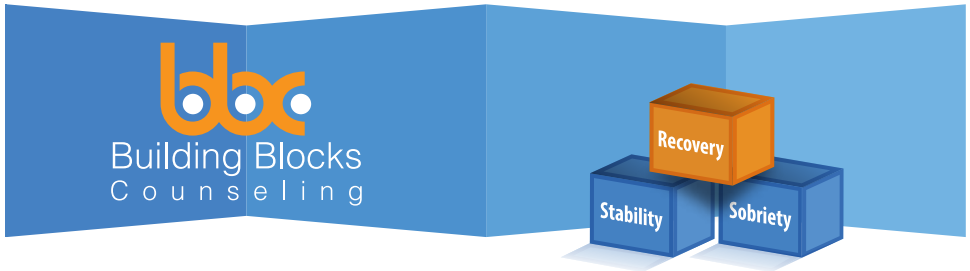
Medication Assisted Treatment (MAT) allows the individual to regain a normal state of mind, absent from drug-induced highs and lows freeing the person from thinking all the time about the drug, while reducing withdrawals and cravings. This assists the individual in making treatment and recovery their primary focus. Some of the medication utilized at CBI includes Suboxone, Subutex, Vivitrol, and Methadone. Along with MAT, is a counseling component, which can include family and friends. At CBI, we know addiction can sometimes create strains on relationships, yet we also know those relationships can be a powerful part of one’s journey to recovery. We find the more natural supports involved in someone’s treatment, the more likely they are to be successful in their recovery. It is also important to attempt to repair broken relationships and assist family and friends to understand addiction as a disease.

Additionally, CBI developed the **UnScript** program to target individuals who have become dependent on opiates or substances, as a direct result of compliance with a prescription for a legitimate pain condition(s) and then being unable to cease the medication. The UnScript program takes a holistic approach to assist individuals in tapering off of the pain medications and utilizes non-habit forming medications to treat the physical pain. Through education and alternative treatment approaches, patients increase pain management skills while decreasing the use of medication and reliance on medical services.

What Makes Community Bridges, INC. Effective?

At CBI, we have an understanding that each community and each person is unique and we insure that your path to recovery is defined by what works for you. CBI takes a “no shaming and no blaming” approach to working with individuals experiencing addiction or dependence. Each of CBI’s facilities employs a comprehensive team that treats holistically, medically and behaviorally to support positive change.

CBI practices a “no wrong door” policy and anyone who comes to us seeking treatment will be received with compassion and respect. The individuals that pass through the always open doors at Community Bridges have reached a point in their lives where they need support. Many of the individuals we see have no one else to turn to and their lack of housing creates an unsafe environment for them to live. At CBI, we meet as a team to identify how we can enact a continuity of care that will foster patient success. We understand that each patient is unique and what may work for the 19 -year old homeless individual, may not work for the first responder who has been on painkillers for the past 20 years.



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CBI Identify What is Working through Data

CBI does so through data outcome measures: patient abstinence of opioids, sustained reduction in patient substance use, patient functioning (e.g., return to school, return to work), readmission inpatient rates, ED utilization, medication adherence, and compliance with behavioral and medical appointments, improved legal status (no rearrests), and reduction of crisis episodes. CBI never misses an opportunity to serve individuals who are fighting to navigate a chronic illness that is the result of a lifestyle involving opioid dependence. We insure that our facilities are accessible and heighten patient engagement. The CBI team coordinates your care, whether it begins in the community our front door.

When a member of the community enters one of our facilities and expresses an interest in undergoing medication assisted treatment, we begin the process by having one of our physicians provide a history and physical exam. The physician begins by ordering labs to determine if there are any medical risks that need to be managed in order to provide the most effective and efficient treatment possible. From our nurses and nurse practitioners to our counselors, emergency medical technicians, peer support specialists, navigators, program managers, psychiatrists and family practitioners, CBI provides monitoring and maintenance with care. Our integrated teams facilitate “trauma informed care,” highlighted by their extensive training, while adhering to evidenced -based practices. At CBI, we embrace the opportunity to serve persons struggling to recover from opioid dependence and never stop believing that a person can be in recovery. We believe in maintaining the dignity of human life and we do so by providing a continuum of care that begins with community education and outreach and continues for individuals and families through treatment and recovery.

Education & Awareness Shedding Perspective on the Growing Epidemic

Most people know an individual who has been touched by substance abuse in some capacity. As opioid overdoses continue to increase, relatable stories of addiction or death with pills and heroin are becoming more common. At CBI, we realize providing services such as the Opioid Intervention program is only a piece of what can be done to help fight the opioid crisis.

The Community Education and Outreach Department at CBI is passionate about providing up-to-date information, educational resources, and offering training opportunities to the public. CBI’s approach to inform, alert, and educate the public is broken down into the following focused areas:

- Help individuals find appropriate treatment
- Provide evidence- based trainings and presentations
- Promote the recovery of individuals

Finding the Appropriate Program

When a family member or individual is ready to take the first steps into recovery, it can bring some fear, anxiety, and confusion. CBI is committed to helping these individuals and offers a 24/7 Access- to- Care call line for those with questions or concerns. Our Community Education and Outreach team also provides educational presentations to health care providers, law enforcement, corporate offices, and first responders catered specifically to their line of work. Workshops of large or small group presentations can be arranged at any location. The goal is to help individuals have a better understanding of treatment and program options.

Evidence- Based Trainings and Presentations

CBI offers a variety of trainings and presentations to diverse groups of audiences.

Classes are available for high school students and adults of all ages. The hope is to provide more information in the field of substance abuse and mental health to those who are not in the behavioral health field, thus identifying and understanding the need for CBI assistance.

The Community Education and Outreach Department goes into various middle and high schools across the state educating students about the harms of prescription medication. The RX360 class is evidence -based statewide presentation designed for students, parents, and community members and provides valuable insight about the risks and dangers of prescription drug misuse. The presentation guides participants through how to start a dialogue with youth, while demonstrating ways they can build resiliency to ensure they make healthy decisions. The youth presentation is energetic, interactive, and teaches students about the consequences and dangers from misusing prescription drugs.

According to the AYS (Arizona Youth Survey), more than half of Arizona teens report taking medication not prescribed to them that they obtained from

See **PILLS TO HEROIN** page 12



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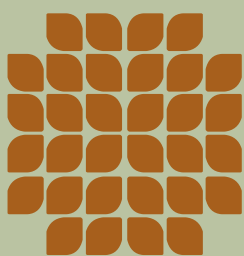
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Meditation, Mindfulness & Relationships

By John Amodeo, PhD

We may think of meditation as a way to gain inner peace and tranquility. But have you considered how a meditation practice can create a climate that deepens intimacy and improves communication?

John Gottman’s research into what makes marriages succeed reveals that when partnerships are marred by a high degree of criticism, contempt, stonewalling, and defensiveness, they often end up in divorce. How can we reduce these intimacy-busting behaviors and create a climate that supports the love we want?

Uncovering Deeper Feelings

Our tendency to criticize, attack, or diagnose others (“you’re self-centered, arrogant, and only think about yourself”) can be a way to vent anger and signal our discontent. In Attachment Theory language, this may be an attachment protest—a way to act-out the pain we feel from not having the connection we want.

A vital question is this: what happens internally when we spew criticism, rage, or blame — or when we appear to be retreating from intimacy? Perhaps we’re wanting closeness and feel powerless to get the connection we desire. An impotent rage may build when we feel neglected, but such anger and blame may further push away our partner or friend, leaving us feeling even more frustrated.

Or, our sense of powerlessness may lead to an angry or quiet withdrawal. We may want relief from the pain of being shamed or criticized. We may stonewall because we don’t want the situation to get worse. Wanting space may seem like an avoidance of intimacy. But it may be the only way we know to safeguard the relationship from further trauma.

Whether we attack or withdraw, one thing seems certain: **we’re hurting inside**. But it isn’t easy for us humans to access these more vulnerable feelings and courageously express them and be open to what happens.

Meditation or mindfulness practice is a way to slow down and notice what we’re actually feeling inside. It’s not realistic to expect ourselves to know what we’re feeling without first finding some distance from our feelings. Such distance, which meditation helps create, can give us a sense of having a feeling without being the feeling. Finding the right kind of distance from a feeling — not too close or too far — can enable us to find some equanimity in relation to difficult or scary emotions.

Meditation helps us slow down our physiology enough to access what we’re really feeling inside. As we get our arms around our more deeply felt experience — as we learn to hold our emotions in a gentle, caring way—they have a chance to settle. We’re then better positioned to share what we’re really experiencing without the toxic effects created by rage, blame, or withdrawal.

Relaxing Our Desire for Certainty

Another reason we cling to our judgments and criticisms is that we may have difficulty embracing uncertainty and ambiguity. Not having the intimacy, trust, and safety we want, we may feel out-of-control.

We may seek certainty by trying to diagnose our partner or friend, as if that will suddenly help them see the light and change their behavior. We may tell them forcefully how narcissistic they are—or insist that they’re more interested in their work than in us. But these are only ideas we hold in our mind. They

may or not be true. Even if true, they do nothing to create the connection we want. In fact, they are likely to distance people further.

No one likes being judged, shamed, and diagnosed. We’re more likely to draw our partner toward us if we ask questions rather than insist that we’re right about how awful or damaged they are. By taking time with ourselves through meditation, we might realize how sad we are or how lonely we feel. We might then come to our partner with less blame and more compassion, perhaps saying something like, “I realize I’ve been feeling lonely for you. I miss having time with you.”

Or we might ask questions from a more tender, vulnerable place rather than cling to misguided thoughts about what is happening inside them: “I’m wondering why we don’t spend more time together. I’m a little afraid to ask, but is there some way I’ve alienated you? I’m wondering if you still like me and enjoy my company.”

Meditation is a practice that helps us rest more comfortably within ourselves. As we find more peace inside, we can gain clearer access to how life is affecting us — and how our relationships are affecting us.

We may feel less out-of-control as we find a way to connect with ourselves, which is the only thing we have any real control over. As we replace our desire to control others with courageously revealing what is happening inside ourselves—with the help of meditation or other practices that connect us with ourselves — we create a climate that helps bring people toward us. We’re then more likely to enjoy the rich and fulfillment connection we long for.



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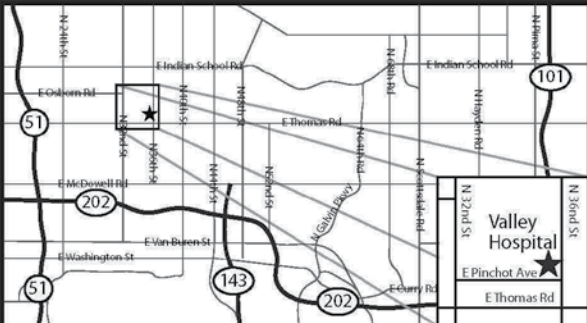


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Handle with Prayer

by Alan Cohen

The most rudimentary form of prayer is worry. How, you ask, could worry be a form of prayer? Worry is not only a form of prayer, it is the form most often practiced by the most people. How can this be? Our understanding of prayer begins with one basic principle: **To think is to create.**

Every thought you think tends to manifest according to its nature. Everything in your life began with an idea. If you are going to build a home, you start with a blueprint. If you are painting a portrait, the model sits before you as you set your hand to the canvas. If you are traveling from Chicago to Seattle, a thought precedes your first step. The notion of something coming into existence without a thought preceding it is as preposterous as a flower growing without a seed to start it. This brings us to our second prayer principle: **All thoughts create according to their own kind.**

Apples make apples, and oranges form oranges. An apple seed has never grown an orange, and it never will. In the same way, thoughts of love, light, and joy beget more of the same; and thoughts of fear, lack, and smallness attract their own kind. **To change your life, begin by changing your thoughts.**

Because most people do not understand that every thought is a prayer, they attempt to change their lives by rearranging the outer world without addressing the negative thoughts they are holding about it. This is called a "geographical cure," which does not work. It is useless to try to change your outer world unless you first change your inner world. If you attempt to make external changes before doing the necessary inner transformation, the outer world will just keep repeating the same pattern. The movie *Groundhog Day* illustrates a very entertaining lesson in how we keep re-creating the same situation over and over again until we change our mind. **The moment our attitude shifts, so does the situation.**

If you want or love something a great deal, you will attract it into your life. And if you fear or worry about something with emotional intensity, you will attract the object of your fear. The universal manifestation machine is unbiased in turning your thoughts into reality.

If you are not aware that your thoughts are powerful, you will spend a great deal of time thinking and talking about what you do not want, and you will receive more of the same, until your life is a mess and you have no idea why. You will identify yourself as victim, find people who agree with you; and discover news stories, scientific studies, and all manner of evidence to prove that life is unfair and you are just a pimple on the complexion of the universe.

There is another way. You weren't born to live small, and you don't have to. You can shift your attitude NOW and begin to think about what you do want instead of what you don't. Then, the universe will have no choice but to give you what you are concentrating on in your favor, instead of against it.

Worry is the power of creation turned against your own best interests. The same engine that runs your car in reverse will move it forward if you reposition the gearshift. To shift from reverse to drive, reframe your experiences to find the blessing rather than the problem. Then you will become the master of your universe, rather than its victim.

What you become is not a result of what happens to you; it is a result of how you think about what happens to you. Six-year-old Tommy's parents were aghast as they watched their son repeatedly throw a baseball in the air, swing at it with a bat, and miss it by a foot. Finally, Tommy's dad could take it no longer. He approached the boy, put a hand on his shoulder, and compassionately told him, "Well, son, I guess you're just not meant to be a hitter."

"Hitter?" the child looked at his father questioningly. "Who cares about hitting? I'm going to be the greatest pitcher who ever lived!"

When Jesus taught, *"As a man thinketh, so shall it be,"* he was reminding us that we must keep our mind on our hopes, not our fears. We must focus on our heart's desires rather than our nightmares.

Here is your antidote to worry: Choose a phrase that brings you release, relief, and empowerment, such as "Peace, be still," "The power of God is within me," or "Love is the answer." Whenever worry begins to set in, consciously and meditatively repeat your positive phrase until you return to peace. The mind is capable of paying attention to only one thought at a time. If you focus on ideas that uplift you, your mind will be unable to dwell on fearful issues. Eventually you will develop the habit of positive thinking, and the worry that once haunted you will have no reality. Begin to master the power of prayer by replacing self-defeating thoughts with visions of your brightest future.

Today I set my mind and heart on a new path. I focus my energy on love, appreciation, and my highest possibilities. Today I claim responsibility for my own success, and step forward with a new enthusiasm to manifest unprecedented good. I use my mind to create only the best, and I draw unto me all the support

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is a non-profit organization dedicated to providing substance abuse treatment to women through a variety of programs to address individual needs. All of NCADD's programs focus on providing the tools and resources to assist women in becoming financially self-sufficient and believing in their potential to remain drug and alcohol free and live a quality life.

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and resources I need for positive change. Thank you, God, for opening the door to a life filled with blessings.

Divine Discontent

There is a classic scene in the movie *Network* in which Peter Finch, utterly fed up with life he has become embroiled in, sticks his head out of his office window and yells at the top of his lungs, "I'm mad as hell and I'm not gonna take it anymore!" As he reaches his boiling point, this character recognizes in a dramatic way that the life he has created is destroying him, and it is time to make a move toward changing it.

If the life you have created (or part of it) is not working for you, you need to tell the truth about it. You do not need to get angry, make anyone wrong, or yell out a window, but you do need to get in touch with the place within you that realizes that what you have been doing does not match you and your vision.

The feeling "This can't be it" is a very powerful form of prayer. It is the agony of the separated self longing for reunion with wholeness. It is the call of your soul urging you to return to your own path and purpose. It is the force of evolution driving you home. Do not try to deny or override your divine discontent. Heed its call; capture the wave and ride it home.

Knowing that "this can't be it" implies that you do know what is it. You may not be able to verbalize what it is, but somewhere inside you, your knowingness lives. Now that you recognize what you don't want, what do you want?

The moment you shift your attention from what you don't want to what you do want, you set into motion a series of dynamics that will lead you to fulfillment. Positive thinking does not mean making believe something is serving you when it isn't.

Positive thinking means finding the good in all experiences, including the ones that guide you away from repeating them.

Divine discontent also grows through more subtle, long-term experiences. You don't have to be hit between the eyes with a two-by-four to gain the benefits of divine discontent. You may be in a career or relationship that brings you a gradually increasing uneasiness that "there must be more." If you have such a feeling, give thanks for the signals your soul is sending you. Boredom is more insidious than emergency, for when we gradually adjust to numbness, we are unaware that we have lost our passion, and we fall into the ranks of the living dead. When crisis occurs, however, we are forced to feel deeply, and we have a blessed opportunity to reclaim the life force we have denied.

If you feel there must be more, there is more.

Your sense of boredom, contraction, or resentment is your soul's way of letting you know that you are settling for less. While we fear that we may get hurt if we go for our dreams, we hurt ourselves much more by putting up with painful, dysfunctional, or unfulfilling situations.

When your discomfort with the status quo out-weighs your fear of making a change, you will move ahead and be grateful for the motion bestowed by divine discontent.

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LIFE 101

By COACH CARY BAYER www.carybayer.com

So Long, Leonard Cohen

**“In streams of light I clearly saw
The dust you seldom see,
Out of which the Nameless makes
A Name for one like me.”** —Leonard Cohen, *“Love Itself”*

In November, Leonard Cohen, the great poet singer/songwriter and member of the Rock and Roll Hall of Fame, died at the age of 82. Or more aptly, went home, for as he wrote in “Going Home,” one of his most deeply spiritual songs:

**“Going home/Without my burden
Going home/Behind the curtain
Going home/Without the costume
That I wore.”**

Leonard Cohen wrote a great deal about the mysteries of love, as well as the mysteries of existence. Born in Montreal to a middle-class Orthodox Jewish family — his paternal grandfather was the founding president of the Canadian Jewish Congress, while his maternal grandfather was a Talmudic writer. “I had a very Messianic childhood,” Cohen said. “I was told I was a descendant of Aaron the high priest,” he added, referring to Aaron, the brother of Moses. Even while touring, giving concerts, he would observe the Sabbath, eschewing Friday night shows, for example, quite a rarity for performers on the road.

Zen Meditation

But while he was always connected to his religion, he was also deeply drawn to Zen Buddhism, and many of the lyrics to his songs speak to that influence. In 1994, he retreated to the Mt. Baldy Zen Center near Los Angeles, where he would spend the next five years, much of it in seclusion. Two years into his retreat, he was ordained as a Zen Buddhist monk, taking the name Jikan, which translates as silence. It was here that he served as personal assistant to Kyozan Joshu Sasaki, the roshi, or spiritual leader of the center. Cohen said of his spiritual practice that, “Buddhist meditation frees you from God and frees you from religion. You can experience complete at-homeness in this world.”

“Occasionally I’ve felt the grace of another presence in my life,” the poet has written. That other presence seems to speak in “Going Home.” That song, some of whose lyrics are quoted below, is among the most popular songs I play and discuss in my workshop, “Rock ‘n; Roll Yoga: Pop Lyrics, Higher Consciousness & Meditation.”

**“I love to speak with Leonard/He’s a sportsman and a shepherd/
...But he does say what I tell him/Even though it isn’t welcome
He just doesn't have the freedom/To refuse
He will speak these words of wisdom/Like a sage, a man of vision
Though he knows he’s really nothing/But the brief elaboration of a tube
I want him to be certain/That he doesn’t have a burden
That he doesn’t need a vision/That he only has permission
To do my instant bidding/Which is to say what I have told him
To repeat.”**

In “Anthem,” he writes of the great Light that virtually all the great spiritual teachers of all time have spoken of at length or written enthusiastically about:

**“There is a crack in everything
That's how the light gets in.”**

He speaks of the Buddhist concept of impermanence and detachment in “The Smokey Life:”

**“It's light, light enough
To let it go
It's light enough to let it go.”**

His legendary spiritual song, "Hallelujah," which has been performed by almost 200 artists in various languages, is probably the work he’s most famous for. Consider the opening two lines, which blend music and spirituality:

**“Well I've heard there was a secret chord
That David played and it pleased the Lord.”**
Later in the song, he writes:
**“But remember when I moved in you
And the holy dove was moving too
And every breath we drew was Hallelujah.”**

Just a few days after his death, Saturday Night Live, that most irreverent of comedy shows, opened its November 13 broadcast with Kate McKinnon at the piano alone, reverently singing “Hallelujah.” The program could easily have opened with some satire about the Presidential election that had taken place the day after the singer’s passing. McKinnon, after all, had starred in numerous episodes as Hillary Clinton. Instead SNL chose to honor this recipient of the Companion of the Order of Canada, the highest honor his nation bestows.

Arizona Support Groups

Alcoholics Anonymous	602-264-1341	Heroin Anonymous	602-870-3665
Al-Anon	602-249-1257	Marijuana Anonymous	800-766-6779
ACA	aca-arizona.org	Narcotics Anonymous	480-897-4636
Bipolar Wellness Network	602-274-0068	National Domestic Violence	800-799-SAFE
Celebrate Recovery Chandler		Overeaters Anonymous	602-234-1195
Christian Church	480-963-39972	Parents Anonymous	602-248-0428
Cocaine Anonymous	602-279-3838	Phoenix Metro SAA	602-735-1681
Co-Anon	602-697-9550	Rape Hotline (CASA)	602-241-9010
CoDA	602-277-7991	Sexaholics Anonymous	602-439-3000
COSA	480-385-8454	Sex/Love Addicts Anonymous	602-337-7117
Crystal Meth Anonymous	602-235-0955	Sex/Love Addicts Anonymous	520-792-6450
Emotions Anonymous	480-969-6813	Sex Addicts Anonymous	602-735-1681
Families Anonymous	602-647-5800	S-ANON	480-545-0520
Gamblers Anonymous	602-266-9784	Suicide Hotline	800-254-HELP
Grief Recovery	800-334-7606		

Treatment Service Resources

TOGETHER AZ	602-684-1136	River Source-12 Step Holistic	480-827-0322 or 866-891-4221
Art of Recovery Expo	602-684-1136	St. Luke’s Behavioral	602-251-8535
ACT Counseling & Education	602-569-4328	Sundance Center	844-878-4925
AZ. Dept. of Health	602-364-2086	Teen Challenge of AZ	800-346-7859
Office of Problem Gambling	800-NEXTSTEP	TERROS	602-685-6000
Aurora Behavioral Health	623-344-4400	Valley Hosptial	602-952-3939
AzRHA	602-421-8066		
Calvary Addiction Recovery	866-76-SOBER	Legal Services	
Carla Vista Sober Living	480-612-0296	Dwane Cates	480-905-3117
Chandler Valley Hope	480-899-3335	Tax Intervention	
Choices Network	800-631-1314 - 602-222-9444	Renee Sieradski, EA	602-687-9768
CBI, Inc.	480-831-7566	www.tax-intervention.com	
CBI, Inc. Access to Care	877-931-9142		
Core Recovery Services	602-810-1210	TUCSON	
Cottonwood Tucson	800-877-4520	ACA	aca-arizona.org
Crisis Response Network	602-222-9444	Alcoholics Anonymous	520-624-4183
The Crossroads	602-279-2585	Al-Anon	520-323-2229
Decision Point Center	928-778-4600	Anger Management	520-887-7079
Dr. Marlo Archer	480-705-5007	Center For Life Skills Development	520-229-6220
Dr. Janice Blair	602-460-5464	Co-Anon Family Groups	520-513-5028
Dr. Dina Evan	602-997-1200	Cocaine Anonymous	520-326-2211
Dr. Dan Glick	480-614-5622	Cottonwood Tucson	800-877-4520
Foundations Recovery Network	855-316-0114	Crisis Intervention	520-323-9373
Gallus Detox	928-227-2300	Desert Star	520-638-6000
Gifts Anon	480-483-6006	Narcotics Anonymous	520-881-8381
Governor’s Office of Youth, Faith & Family	602-542-4043	Nicotine Anonymous	520-299-7057
Hayes/Davidson	800-219-0570	Overeaters Anonymous	520-733-0880
Hunkapi Programs	480- 393-0870	Sex/Love Addicts Anonymous	520-792-6450
Geffen Liberman, LISAC	480-388-1495	Sex Addicts Anonymous	520-745-0775
Lafrontera -EMPACT	800-273-8255	Sierra Tucson	800-842-4487
The Meadows	800-632-3697	Suicide Prevention	520-323-9372
Mercy Maricopa Integrated Care		Men’s Teen Challenge	520-792-1790
602-222-9444 or 1-800-631-1314		Turn Your Life Around	520-887-2643
NCADD	602-264-6214	Workaholics Anonymous	520-403-3559
Pathway Programs	480-921-4050		
PITCH 4 KIDZ	480-607-4472		
Psychological Counseling Services (PCS)	480-947-5739		
Remuda Ranch	800-445-1900	To get listed email Barbara Brown:	
Rio Retreat Center	800-244-4949	aztogether@yahoo.com	

Community Calendar

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

2017- Jan. 17 —FREE Professional Networking Luncheon — Psychological Counseling Services (PCS) A free networking luncheon experience from 12:15-1:45 p.m. Mark your calendars. If you have attended in the past, join us. If you are new send an email request to pcs@pcsearle.com or call **480-947-5739**. Ellen Hamilton for details.

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 and 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**.

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 west parking lot, follow signs to the Counseling Center in chapel complex. Contact: Rob L. **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 PCS. **No charge for Patient and Family Member Alumni.**

ON GOING SUPPORT

Celebrate Recovery —Chandler Christian Church. 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 Habits.** 1825 S. Alma School Rd. Chandler. **480-963-3997.** Pastor Larry Daily, E: larrydaily@chandlerccc.org.

Valley Hospital— IOP Group for Chemical Dependency/Co-Occuring. Mon., Tues., Thurs. 6:00-9:00 p.m. **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**

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**.

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) Thursday 11:00 a.m.-Noon. 2210 W. Southern Ave. Mesa, 85202. **602-793-4120**.

WOMEN FOR SOBRIETY — www.womenforsobriety.org 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 - 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 Roller Coaster"** Thurs., 6:30-7:45 p.m., 2121 S. Rural Rd., Tempe. Our Lady of Mount Carmel Church. Donna **602-697-9550** /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. **800-877-4520 x2141.** 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. 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.

GA Meetings —Tuesday/Thursday Spanish 7:00-9:00 p.m. Christ the Redeemer Lutheran Church, 8801 N. 43rd Ave. **Sunday, Spanish** 7:00-9:00 p.m. Good Shepherd Lutheran Church, 3040 N 7th Ave. **Sunday, English**



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- Outreach and engagement
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National Council on Alcoholism and Drug Dependence

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6:00-8:00 p.m. 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

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.



Teen Challenge is Arizona's Faith-Based SOLUTION TO THE DRUG EPIDEMIC

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State Corporate Office P.O. Box 5966 Tucson, AZ 85703 800-346-7859

a friend. Natalia Chimbo-Andrade, CBI's Community Education and Outreach Manager reports, "Going into the community... teens and adults have disclosed stories of taking prescription medication not prescribed to them, because they thought it was safer". By providing prevention education to the community about the harms of opioids, it is a hope that individuals will be cautious of taking the medication as prescribed and be aware "sharing is not caring" in the world of prescription medication. Due to a recent grant awarded to CBI's Community Education and Outreach Department, awarded they are able to provide this resource for free.

Stephanie Siete, CBI's Director of Community Education, has been providing her "Street, Script, and Synthetic Drugs" trainings to the public for 15 years. This course offers insight on the most abused substances; where they come from, what they look like, and how their potent effects are killing individuals at a rapid rate.

Stephanie provides trainings to probation officers, school administrative staff, law enforcement, corporate offices, and even the Arizona FBI. The FBI Phoenix Division recently awarded Stephanie the Director of Community Leadership Award for her outstanding work in drug prevention.

When it comes to the opioid epidemic, CBI takes pride in being the go to experts of education in the field. Our talented staff knows the need to inform, educate and activate the community. Together we can raise awareness, to be proactive, and "Be in the Know".

Promoting Recovery

Community Bridges stands for valuing, sustaining, and recovering human life. We understand those who have walked or continue to walk the path of recovery and are able to provide the outreach support needed to help begin the journey.

CBI provides a number of services for those who are ready to take their

RECOVERY IS POSSIBLE

CBI

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first steps into recovery. Our peer team is literally out in the trenches providing outreach and resources to people in need. Because many of our Peer Support Specialists are successful in their own recovery, they are able to emphasize and offer important words of encouragement to others hesitant in seeking services.

As we enter 2017, CBI will continue the fight against the opioid epidemic through our expansion of services and education. From our peers, counselors, medical team, and administrative staff, to the outreach department... we all speak a common language to inspire that recovery is possible!

For more information visit- communitybridgesaz.org

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
www.samhsa.gov



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NEARLY **21 MILLION PEOPLE SUFFER**
FROM A SUBSTANCE USE DISORDER.

ONLY **1/10** 
RECEIVES TREATMENT.

THIS IS MORE THAN

1.5X THE NUMBER
OF PEOPLE WHO
HAVE **CANCER.**

-Surgeon General's Report


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