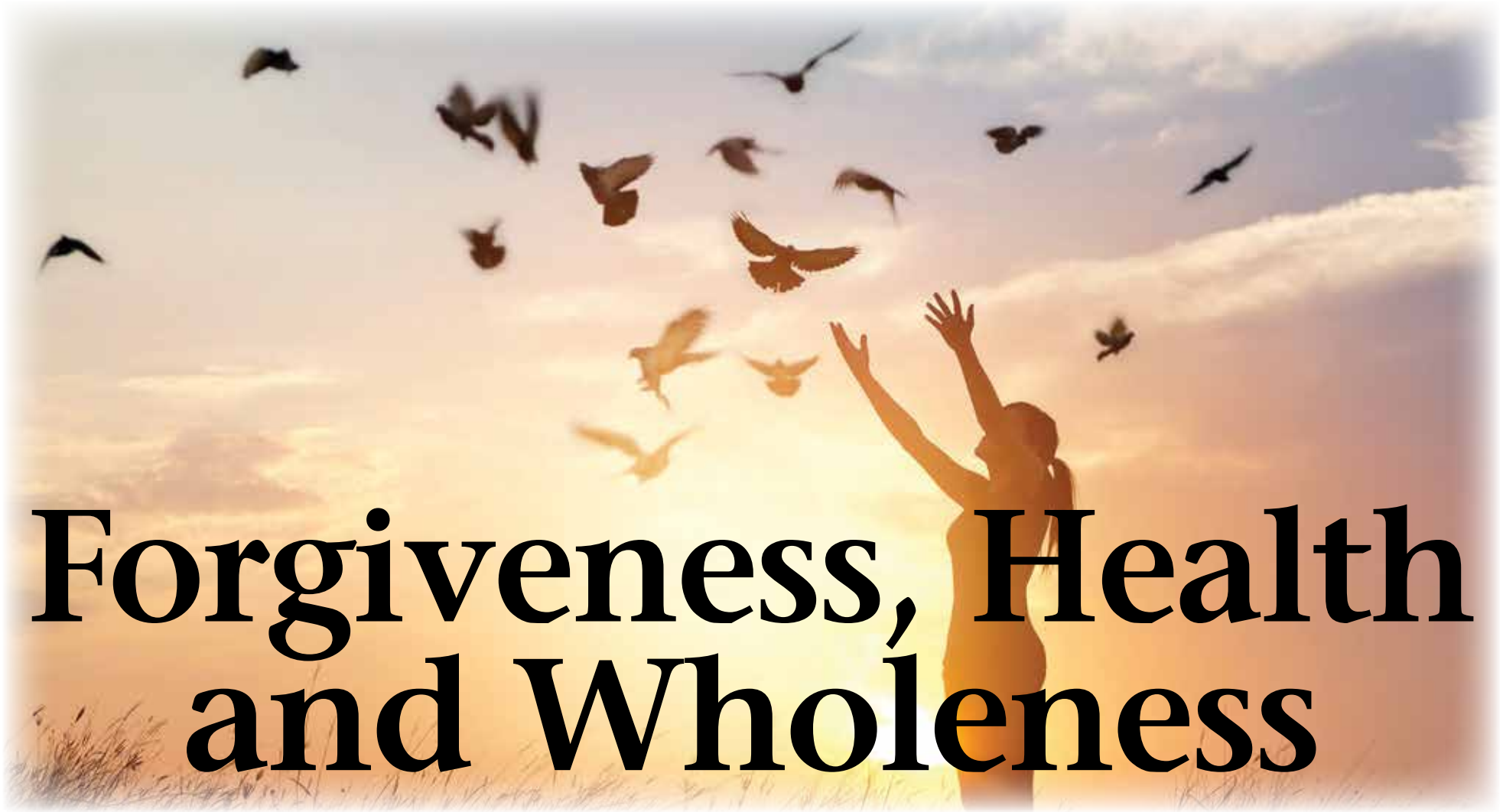


Together AZ

JUNE 2017

Inspiring Success on the Road to Recovery



Forgiveness, Health and Wholeness

“All of us need the experience of forgiving and being forgiven because we live our lives imperfectly.”

By Allen Nohre, Terros Health

Bryce, Jose, Bitsy and Ed took separate long and hard journeys to experience the freedom and health of forgiveness. They describe how forgiving is an essential part of their path out of addiction. For Bitsy it was learning the difference between forgiveness and enabling her husband's addiction.

Forgiveness is not only for those in recovery or those who go to church. All of us need the experience of forgiving and being forgiven because we live our lives imperfectly. Like the rain that falls during a hot desert night, forgiveness washes the dirty air and we wake up breathing healthy air and seeing the distant mountains.

Forgiveness Improves Health

A study published by the National Institute of Health found that forgiveness has a positive effect on health. “Forgiveness was associated with lower blood pressure levels, heart rate, and rate pressure product. Forgiveness may produce beneficial effects directly by reducing wear and tear on the body that is associated with betrayal and conflict” (1)

Forgiveness Increases Positive Feelings

Another study evaluated the effects of a 6-week forgiveness intervention program. Participants in the program “reduced negative thoughts and feelings about the target transgression two to three times more effectively than the control group, and it produced significantly greater increases in positive thoughts and feelings toward the transgressor.” (2)

People who use the Twelve Steps of Alcoholics

Anonymous are, in effect, putting themselves in a forgiveness intervention program. Five of the Steps deal with forgiveness:

- Conducting an honest assessment of oneself.
- Admitting the exact nature of one's wrongs.
- Making a list of all persons harmed.
- Making direct amends when possible.
- Continuing to monitor oneself and, when wrong, promptly admit it.

Bryce

When Bryce was six years old, growing up on a farm in Iowa, his mother went to treatment for alcoholism. Bryce remembers attending family groups at the treatment center and listening to videotapes of Father Martin describing the dynamics of family alcoholism, and he knew what Father Martin was talking about. His mother became sober, earned a Master Degree, spent many years as a substance abuse counselor, and has lived a life of recovery ever since.



Second Generation Addiction

Despite Bryce's young boy understanding of alcoholism, he started drinking in his late teens. “By my mid-twenties I was a chronic alcoholic and then I turned to massive amounts of drugs. By the time

I was 42 years old, I had been trying to get sober since my early thirties. I had good jobs in banking and mortgages, lost them, and been married and divorced. “Finally,” Bryce continued, “I hit the point of utter desperation. I had lost everything. Then I met Jason at church, a man with eleven years of recovery who went above and beyond to help me. He took me to a psychiatric hospital where I spent two miserable weeks detoxing.”

From the hospital, Bryce was admitted to Terros Health Maverick House residential treatment on May 26, 2015, and he proudly adds, “That is my sobriety date.” Bryce knew he needed more than four weeks of treatment, and he spent the next year with 28 men beginning their recovery at Maverick House Sober Living.

Forgiven by God

About three months into recovery, Bryce focused on step four of the AA twelve-step program, making a searching and fearless moral inventory. He said, “I sat down and got it all out. I'd write for half an hour at a time, look at what I wrote and then cry. I kept going and I made lists of the things I was ashamed of, how I had hurt others, and the harm I had done to myself. When I shared my fifth step with my sponsor, I felt forgiven by God, and I knew I was not going to live that life again.”

Self-Forgiveness

Forgiving oneself is not easy. A study of people in substance abuse treatment, reported in the Jour-

FORGIVENESS continued page 8

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Publisher's Note

By Barbara Nicholson-Brown



Why My Glass Was Never Half Full

Obviously, the reason in my drinking days was, an alcoholic like me couldn't leave a drop in the bottom of a glass or bottle, but that's not what I am talking about here.

From my half empty glass — to my attitude — nothing was very optimistic or positive. I don't know if it was by chance or choice but I claimed the victim role early on in life. Through my eyes, everyone was against me, my voice wasn't heard, I wasn't good enough, smart enough, and list grew as the years went on.

I compared myself to everyone else, always finding fault with my being. Yet, I never challenged myself to do better, study harder or reach a goal. I so desperately wanted to be fixed by someone or something, my solace and comfort was found in behaviors that almost ruined me.

After many years of this tired existence, through the Grace of God and my sister Susan — the cosmic two by four slammed down leading me to sobriety and where I am today. I will celebrate 27 years sober on the 17th day of June to be exact, and that is a miracle.

Getting sober even for a day was never in my plan. A loving Higher Power had a much better option for me, and it is here I want to stay. Always Grateful. Very Blessed and Loved.

Thank you to all who have guided me through the peaks and valleys of this amazing sober life.

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In gratitude and the memory of

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Hot Topics

Welcoming Melissa Thornburg



continue to expand our programs.

Melissa brings a wealth of experience in recovery, education, behavioral health and addiction. Her combination of knowledge, experience and passion empower Melissa to help those seek-

SpringBoard Recovery recently announced Melissa Thornburg has joined their team to head up outreach and marketing efforts as they con-

ing addiction treatment in Arizona to utilize our services in a way that is both engaging and highly personal.

Melissa received her undergraduate degree from Northern Arizona University in Journalism in 2001 and is currently enrolled in Adams State University's Masters in Clinical Mental Health Program. She's also a 200-hour Registered Yoga Teacher, holds a certification in Trauma Sensitive Yoga from Dr. Bessel van der Kolk's Justice Resource Institute Trauma Center and has completed Level 1 in Peter Levine's Somatic Experiencing training.

HOT TOPICS continued page 11

Beyond the ABC's of Eating Disorder Treatment

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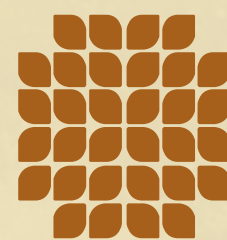
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-Lana E., Leawood, KS.

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Take the First Steps towards 11th Step Meditation

By Randy F.

The 12 Steps, 12 Tradition and 11th Step chapter states “prayer and meditation are our principle means of conscious contact with God.” If this is true, then how can we work our 11th Step Meditation practice more fully in our lives and our program?

The 11th Step is an advanced step but we can begin learning and developing our meditation practice at the beginning of our sobriety. Early in sobriety we learn we are powerless over alcohol and how our lives are unmanageable.

The meditation aspect of Step 1 from my perspective is, “We are powerless over our thoughts and our emotions are unmanageable.” We often let them rule our lives. We believe our thoughts are true. We don't know how to turn them off or what to do with them.

Thoughts are things. We communicate our thoughts and emotions chemically, magnetically and with sub-atomic light particles to our bodies, our environment and with the universe. We are what we think. It has been proven we are hardwired early in life with thinking and feeling habits that are unmanageable, and imperfect, and we can change with action. We are addicted to thinking and feeling. The good news is meditation helps us practice right thinking and feeling while remapping our neural pathways to change our habits.

We can actually “work Step 1” each time we relax and let go of unmanageable thoughts and emotions. In meditation we can approach this step as an action step. The Step One meditation techniques that help us to detach from our unmanageable thoughts and emotions are:

- *Begin by focusing on your breath, then*
- *Gently bring your attention back to your breath when you get distracted*
- *Detach and watch your thoughts float by – try not to grab and hold on to them*
- *Use intentions such as “I relax and let go” as a mantra to practice concentration and to re-direct our mind*
- *Be gentle with yourself if you stray, it's ok*

Every time I relax and let go of unmanageable thoughts I'm working Step One. I can take this practice into the rest of my day, also. Try this in a guided med-

continued page 7



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B-Extraordinary!

Dr. Dina Evan

Granted, I have not lived in every era, however, from this uppity woman's perspective this is indeed a difficult time. Our values have been usurped by our greed. Our virtues have been overcome by our need and we are at a loss about who we can trust.

According to the *Huffington Post* and *Psychology Today* (2/16) more than 60% of people today lie, and those on social media lie 85% of the time. *Time Magazine* says 56% of people lie on their resumes. The *Washington Post* says 76% of men cheat on their wives and women are cheating at nearly the same rate today. Clearly values are getting worse in America, but...who is America...it's you and me.

And why do we care? We should care, because values are at the core of every action, thought, motivation and attitude we have about everything. Clearly, we can't have a society with values unless we are committed to having and living our own.

Living in integrity means knowing what your values are and making decisions that are in line with them. When we stray from our values and are out of alignment with our actions, we grieve our spirits and we begin to feel shame and self-loathing. That self-deprecation very often drives us to making even worse decisions. So, the first step in living a value driven life is to decide what matters to you. Is truth-telling important? Is being fully present and consistent important? Is forgiveness important? Is compassion important? Are these things more important than the accumulation of stuff? What are your time, money and family connection values? Is diligence and commitment a value? How about creativity or having a voice of sanity when the voices of chaos are louder? As you can tell just from this short list, this could be a very revealing and exciting, personal exploration.

Once you have defined your values, rewrite them into simplified statements that relate directly to your life. For instance, I will no longer join any conversations at work that contain prejudice, gender bias, or demeaning remarks about anyone. Or, the next time I hear sexual comments made about my friend, I will speak up and ask that they stop. Or, the next time I want to leave the conversation with my partner because I am afraid of what he/she might say, I will make myself stay present until we work it out.

Here is the Point

We are currently living in a society with questionable ethics because our own ethics are questionable! We are

“When we stray from our values and are out of alignment with our actions, we grieve our spirits and we begin to feel shame and self-loathing.”

society. When was the last time you sat down and asked yourself,

Am I living what I say I believe?

It's time to be extraordinary. And you can expect to feel out of the ordinary if you do it. The norm for most people today is NOT living our values, however, the only way back is for you and I to start living them, unabashed and out loud. I often hear people say, “I don't know what my purpose is.” Well this is it! At this moment, what is most needed is for each of us to be extraordinary!

Once your list is complete, and it will change as you do, then estimate what percentage of the time you are living those values and what you need to do to get to 100% of the time. Ask yourself what support you need. Make a contract with a friend to do this soul experiment with you. Start a group and support each other. Write about it. Talk about. Step into it. You are powerful beyond belief. Accumulated energy produces accumulative results.

We have to stop blaming other people and life circumstances for what we are creating. It's time to stop playing small and take responsibility for what we have created, and fix it. You didn't come here to be the same or ordinary. You came here to find your own power. You came here because you are unique and no one else can take your place. You came to stand, as an example, in your own values and beliefs. You came here to be extraordinary.

We need to wake up and understand that regardless of your political leaning, Trump is a master teacher, reflecting back to us what commercialism over compassion, ego over humility and a lack of values looks like. It looks like us. We can change it. We must change it. We can be extraordinary. Let's start now.



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Financial Recovery Tips

By Renee Sieradski, EA

As I sit in the Phoenix airport, I see several people fighting to be first in line to get the best airline seat.

I overhear business men talking about what they do for work. As one businessman brags about his successful business, the man he just met asks him more questions, and then talks about his own business accomplishments.

Why do we want to be first in line and at the top of our game? Is it inborn in us to be the best? Or is it our negative self-esteem overcompensating by focusing our efforts on outward image?

I challenge all of you beautiful readers to be okay with where you are at today. This can be hard when everyone around us is doing the opposite. We would definitely be swimming against the current.

But, self-esteem is the opposite of ego-driven behaviors. Humility and self-love go hand in hand, as do pride and self-loathing.

One way to be okay with where we are today is to budget our money. Whatever we earn today, we only spend that amount. Budgeting can be a dirty word. However, in recovery, we face difficult situations with help from others.

Basic Budgeting Tips with a Recovery Twist:

1. Figure out exactly what you earn each month. A monthly snap shot is a common way to budget because most of us have fixed expenses that recur only a month, such as housing rent or mortgage. Some of us earn money more frequently than once per month, but we can average the previous 4 weeks and use that same figure for the following month.
2. List all of your fixed expenses that don't change every month such as rent or mortgage, insurance, utilities, car loans, student loans, and so on. These are usually reported on your credit report if not paid on time — so it is a good idea to pay these on or before the due date.
3. Subtract your fixed expenses from your monthly income. Hopefully you have some money left over, which would be used for food and medicine. These are essential to your life and well-being. These should be considered the next priority. If you have no money left over, go back to your fixed expenses and consider how to reduce these. For instance, do your car payments, housing payment, and student loans use up all of your money? Then you may have to find lower rent, sell your vehicle and take public transportation, or re-negotiate your student loan debt.
4. Medicine – Taking our medication can make or break our recovery. Many of us have to take it to stay upright. For me, I have learned

that if I skip taking my Selective Serotonin Reuptake Inhibitors (SSRI), I will end up losing money because I won't be able to work.

5. Subtract your fixed expenses and medication from your monthly income. Divide the remaining money up into four weeks. This is what you can spend per week on food and everything else. As Americans, we are inundated with food commercials, however, spending money on eating out may be the biggest budgeting gap out there. When my husband and I dine out during the course of a month, we spend up to four times as much as buying groceries and cooking. Your budget may allow you to dine out, or it may not. Be honest with yourself. If you have a little bit of money left over, you can stretch it farther by going grocery shopping rather than dining out for most meals.
6. Extra funds — Now you can budget for things such as new clothing and shoes, household items, entertainment, and savings. Remember that these items are not necessary for life itself. You can live without paying for entertainment. Make sure that you place these in the budget after everything that is life-sustaining.
7. Credit Cards – A rule of thumb for credit cards is to only use them on two occasions: A. To gain travel rewards points — a way to get free airfare or other travel amenities, which only works out to be cost effective if we are able to pay the credit card off in FULL within the next 30 days. B. The second occasion would be an emergency situation, such as a medical emergency or a major repair on our house or vehicle. These are the only TWO events where credit cards should be used. Otherwise, you are just digging yourself into a hole, which you will not be able to climb out of.

As you start to take care of yourself financially, you will begin to feel a sense of healthy pride. As you stay out of debt and live within your budget, you will not feel financial chaos. Avoiding chaos will increase your sense of well-being and happiness. It's not how much we earn that makes us happy, but it is how we manage what we earn and how we feel about ourselves, that makes us happy. Enjoy budgeting, make it fun!



Renee Sieradski, EA, is a Federally Licensed Tax Professional specializing in providing help for Individuals and Business Owners with any tax problems with the IRS or the State. Call 602-687-9768.

Fentanyl and Synthetic Opioids: 5 Things You Need to Know

Fentanyl is 50 to 100 times more potent than heroin. Deaths from fentanyl and other synthetic opioids (not including methadone), rose a staggering 72 percent in just one year, from 2014 to

2015. Government agencies and officials of all types are rightly concerned by what some are describing as the third wave of our ongoing opioid epidemic.

As a concerned parent, whose top priority is keeping your child safe — and alive — the following are the most important things to understand.

- **Fentanyl is 50 to 100 times more potent than heroin or morphine.**

It is a schedule II prescription drug typically used to treat patients with severe pain or to manage pain after surgery. It is sometimes used to treat patients with chronic pain who are physically tolerant to other opioids. In its prescription form, fentanyl is known by such names as Actiq®, Duragesic® and Sublimaze®.

- **It is relatively cheap to produce, increasing its presence in illicit street drugs.**

Dealers use it to improve their bottom line. According to a report from the Office of National Drug Control Policy, evidence suggests fentanyl is being pressed into pills that resemble OxyContin, Xanax, hydrocodone and other sought-after drugs, and being cut into heroin and other street drugs. A loved one buying illicit drugs may think they know what they're getting,



but there's a real risk of it containing fentanyl, which can prove deadly.

- **Naloxone (Narcan) will work in case of overdose, but extra doses may be needed.**

Because fentanyl is far more powerful than other opioids, the standard 1-2 doses of naloxone may not be enough. Calling 911 is the first step in responding to any overdose; in the case of a fentanyl-related overdose the help of emergency responders, who will have more naloxone, is critical.

- **Even if someone could tell a product had been laced with fentanyl, it may not prevent their use.**

Some individuals claim they can tell the difference between product that has been laced with fentanyl and that which hasn't, but overdose statistics say otherwise. Some harm reduction programs are offering test strips to determine whether heroin has been cut with fentanyl, but that knowledge may not be much of a deterrent to a loved one who just spent their last dollar to get high.

- **Getting a loved one into treatment is more critical than ever.**

If you need help in determining a course of action, please reach out to one of our parent counselors by calling **1-855-DRUGFREE**. Learn more about all the ways you can connect with our free and confidential services and begin getting one-on-one help.

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Sobering Truth About Addiction Treatment in America

Addiction is treatable. So why aren't more people receiving quality care?

By David Sheff

The crisis is well documented and reported: More people are dying of drug overdose than any other non-natural cause — more than from guns, suicide, and car accidents. Politicians have held press conferences, formed commissions and task forces, and convened town-hall meetings. Vivek Murthy, the Surgeon General under President Obama (*fired by Donald Trump*), issued an historic report on America's drug-use and addiction crises. Pharmaceutical companies have been blamed. Drug cartels. Physicians who hand out pain pills like Skittles.

The Problem Worsens

In 2015, 52,000 people died because of overdose, including 33,000 on OxyContin, heroin, and other opioids. Almost three times that number died of causes related to the most-used mood-altering addictive drug, alcohol. The 2016 and 2017 overdose numbers are predicted to be higher. Currently, fentanyl deaths are skyrocketing.

If not politicians, to whom can we turn to address the crisis? Since addiction is a health problem, the logical answer would be the addiction-treatment system, but it's in disarray.

Currently most people who enter treatment are subjected to archaic care, some of which does more harm than good. Only about 10 percent of people who need treatment for drug-use disorders get any whatsoever. Of those who do, a majority enter programs with practices that would be considered barbaric if they were common in treatment systems for other diseases.

Many programs reject science and employ one-size-fits-all-addicts treatment. Patients are often subjected to a slipshod patchwork of unproven therapies. In some programs, patients are subjected to confrontational therapies, which may include the badgering of those who resist engaging in 12-Step programs, participation in which is required in almost every program. These support groups help some people, but

alienate others. When compulsory, they can be detrimental.

Patients are routinely kicked out of programs for exhibiting symptoms of their disease (relapse or breaking rules), which is unconscionable. They are denied life-saving medications by practitioners who don't believe in them—as Richard Rawson, PhD, research professor, UVM Center for Behavior and Health, says, “this is tantamount to a doctor not believing in Coumadin to prevent heart attacks or insulin for diabetes.”

Patients are put in programs for arbitrary periods of time. Three or five days of detox isn't treatment. Many residential programs last for twenty-eight days, but research has shown that a month is rarely long enough to treat this disease. Some of those who enter residential treatment do get sober, but relapse soon after they're discharged, with, as addiction researcher Thomas McLellan, PhD, sums, “a hearty handshake and instructions to go off to a church basement someplace.” As he says, “It just won't work.” Finally, people afflicted with this disease are almost never assessed and treated for co-occurring psychiatric disorders, in spite of the fact they almost always accompany and underlie life-threatening drug use. If both illnesses aren't addressed, relapse is likely.

The disastrous state of the system suggests that addiction-medicine specialists don't know how to treat substance-use disorders (or even if they can be treated). It's not the case. The National Institute on Drug Abuse (**NIDA**) and organizations of addiction-care professionals like the American Society of Addiction Medicine (**ASAM**) and American Association of Addiction Psychiatry (**AAAP**) have identified effective treatments. There's no easy cure for many complex diseases, including addiction. However, cognitive-behavior therapy, motivational interviewing, and addiction medications, often used in concert with one another and in concert with assessment and treatment dual diagnoses, are among many proven treatments. However, most patients are never offered these treatments because of a fatal chasm between addiction science and practitioners and programs.

Can the System Be Fixed?

Fixing the system requires modeling it on the one in place for other serious illnesses. Most people enter the medical system in their primary-care doctors' offices, health clinics, or emergency rooms. Currently, most

doctors in these settings have had little or no education about addiction. A recent ASAM survey of two thirds of U.S. medical schools found that they require an average of less than an hour of training in addiction treatment.

Doctors must be taught to recognize substance-use disorders and treat them immediately—the archaic “let them hit bottom” paradigm has been discredited. They should offer or refer for brief interventions. A program called SBIRT (Screening, Brief Intervention and Referral to Treatment), which seeks to identify risky substance use and includes as few as three counseling sessions, has proven effective in many cases, and may be implemented in general healthcare settings.

Primary-care doctors should be trained and certified to prescribe buprenorphine, a medication that decreases craving and prevents overdose on opioids. Currently, there are limitations on the number of patients doctors can treat.

When a patient requires a higher level of care, doctors must refer them to addiction specialists, which excludes many current practitioners whose only qualification to treat addiction is their own experience in recovery. Instead, patients must be seen by psychiatrists and psychologists trained to diagnose and treat the wide range of substance use disorders. There's a shortage of these doctors; there needs to be a concerted effort to fill the void.

According to Larissa Mooney, MD, director of the UCLA Addiction Medicine Clinic, “Individuals entering treatment should be presented with an informed discussion about treatment options that include effective, research-based interventions. In our current system, treatment recommendations vary widely and may come with bias; medication treatments are either not offered or may be presented as a less desirable option in the path to recovery. Treatment should be individualized, and if the same form of treatment has been repeated over and over with poor results (i.e. relapse), an alternative or more comprehensive approach should be suggested.”

When determining if a patient should be treated in physicians' offices, intensive-outpatient, or residential setting, doctors should rely on ASAM guidelines, not guesses. The length of treatment must be determined by necessity, not insurance. If a patient relapses, is recalcitrant, or breaks rules, treatment should be reevaluated. They may need a higher level of care, but sick people should never be put out on

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the street. In addition, all practitioners must reject the archaic proscriptions against medication-assisted treatment; Rawson says that failing to prescribe addiction medications in the case of opioid addiction “should be considered malpractice.”

In short, the field must adopt gold-standard, research-based best practices.

People blame politicians, drug dealers, and pharmaceutical companies for the overdose crisis. However, that won't help the millions of addicted Americans who need treatment now. Even the most devoted and skilled addiction professionals must acknowledge that they're part of a broken system that's killing people. No one can repair it but them.

David Sheff is the author of Clean: Overcoming Addiction and Ending America's Greatest Tragedy, the follow-up to his New York Times #1 best seller, Beautiful Boy: A Father's Journey Through His Son's Addiction. Clean is the result of the years Sheff spent investigating the disease of addiction and America's drug problem, which he sees as the greatest public health challenge of our time.

To follow on Twitter: @David_Sheff

Meditation from page 4

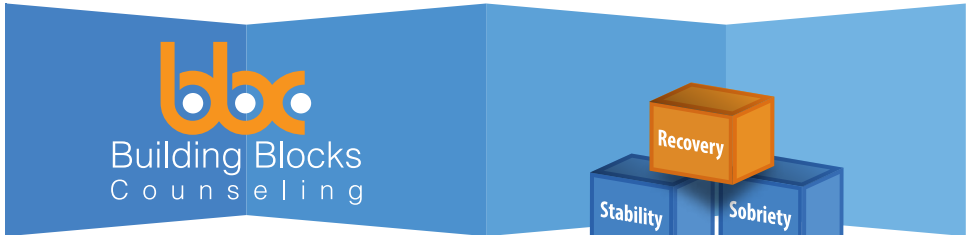
itation at www.11thStepMeditation.org/stepone.

The meditation aspect of Step 2 is: “Practice connecting with our Higher Power to restore me to sanity, to discover inner connections to our Higher Power and grow our relationship with Higher Power through meditation”

The last phrase of Step Two is "restore me to sanity." What is the insanity that I am recovering from? It is not just doing crazy things. The core of my insanity, the root of many of my defective behaviors, is my perspective that I am separate and alone. I do not feel connected to others or to my higher power.

The next phrase is, "A Power greater than ourselves." In recovery we learn that we are powerless. I am no longer able to force things to happen. I need to connect to some power, some greater source to help my healing journey. We learn how to connect with and tap into our Higher Power as we understand it more effectively with practice through meditation.

- In meditation, we can visualize a sacred place in our heart where we are in the presence of our higher



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Step Three states “Made a decision to turn our will and our lives over to the

continued page 11



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nal of Addictive Diseases, examined forgiveness of self, of others and by God. “The scores for forgiveness of self were significantly lower than forgiveness for others and by God.” The authors concluded, “Forgiveness of self may be most difficult to achieve and thus most important to recovery, thereby preventing full recovery and fostering relapses.” (3)

Bryce gradually forgave himself. He said, “During the last years of my addiction, I repeatedly told myself that I hated myself and my failed attempts to stop using. And I hated myself for all of the destructive things I did. But, my self-hate wasn’t helping me.”

Then one day, about seven months into sobriety, Bryce had an enlightening realization. He said, “I was listening to a friend at Sober Living ranting about what an awful person he was. As I listened to him beating himself up, I realized I had stopped saying those negative things about myself and I suddenly realized I didn’t hate myself any more.” Bryce had forgiven himself.

Asking for Forgiveness

Bryce has followed the direction of AA step eight, and made a list of persons he had harmed and offered to make amends. He spoke to his mom, step-mom and his sister telling each of them he was sorry for hurting them and asking each of them if there was anything he could do to make it right. Bryce said, “Each of them told me to not do it again, and to keep doing what I am doing. They saw that my actions showed repentance.” They also said, “We’re proud of you.”

Building Character over Comfort

“My sponsor said to me, ‘Bryce, you are choosing to build character over comfort,’ and I have committed myself to that goal. I am have spent a rewarding year and a half connecting with my brothers in recovery and being validated by our care for each other. God freed me from my addiction and I choose to thank him by helping addicts who are suffering.”

Bitsy and Ed

I met with Bitsy and Ed and wanted to focus on Bitsy’s experience of living with an addict who has become a recovering addict. Bitsy began with, “I’ve been married to Ed for 19 years and he couldn’t stay sober. Finally, in 2014, I said, ‘I can’t watch you kill yourself and I need to be away from you.’ I still loved him but I couldn’t be around him.” I asked Ed where he lived after Bitsy said he couldn’t live with her. “Under a tree,” is all he said.



A Medical Emergency

In the spring of 2015, Bitsy got a call from Ed’s sister saying he had called from an unknown hospital and said he was dying. Bitsy, despite getting flack for years from her family that she was too tolerant of Ed’s behavior, nevertheless got on the phone calling hospital emergency rooms. Finally, she located Ed in an ER. He had overdosed on a contaminated drug and was shocked to see her standing next to him. Bitsy said “Ed, I came to help you, if I can.”

Al-Anon

Ed’s sobriety began May 5, 2015 when he was admitted to Terros Health Maverick House. Bitsy wanted to visit him there, but the residential treatment program said that she had to first attend two Al-Anon meetings. She went to a meeting and told the group, “I don’t believe in Al-Anon and I don’t want to be here.” But, at the end of a meeting she told the group, “This was so helpful, I will be back. “

Forgiveness Rather than Enabling

Bitsy said, “I have learned I was an enabler by accepting behavior I shouldn’t have accepted. Ed was responsible for his choices, but I was responsible for continuing to allow the damage to our marriage, like Ed stealing my money and pawning my jewelry.” When asked how she has forgiven him, Bitsy said, “It hasn’t been easy. Understanding that Ed’s addiction is a disease and not a moral failing has helped me. He came to my apartment and we sat together on the sofa. Ed asked, ‘Do you think you can ever forgive me?’ We were both crying and I told him, ‘I’ve already forgiven you, or you wouldn’t be sitting here.’ We’ve forgiven each other and we have a new life of sobriety and serenity.”

Bitsy’s advice for a person living with an addict: “Get into Al-Anon for your own sake regardless of whether or not the other person changes.”

Jose

As a young boy Jose thought alcohol had solved his two big problems. He said, “When I was a kid, I had seizures and wondered ‘why me?’ I lived in fear of the next one. In fifth grade I had a big seizure. The paramedics gave me CPR and took me to a hospital. I woke up scared hearing my mom asking

why my heart had stopped. They transferred me to Children’s Hospital where I had a roommate who died. Now I wondered when I would die.”

“I had another problem too. I thought God had made me ugly. I was teased because I had big ears and the kids called me ‘Dumbo’ and ‘Bug Eye.’ I compared myself to others and wanted to be someone else.”



A Bigger Problem

“A few months after my big seizure, I got a taste of alcohol and discovered I felt normal and I didn’t feel ugly anymore. I thought alcohol had solved my problem. But my drinking became a big problem by the time I was 16 and able to drive to parties.”

Jose’s twenties and thirties were years of drinking alcohol and using drugs with serious consequences. He got into a car accident seriously injuring his 17-year-old sister. He had jobs but couldn’t keep them and he became a father. He said, “When my baby was born, I showed up drunk. I even attempted suicide.” Eventually he was homeless.

Recovery Begins


“In November of 2012 my probation officer gave me the choice of jail or rehab. I went to Terros Health Maverick House with my inner voice beating me up and telling me I am a total failure. And, I still had this terrible fear of dying that I’ve had since I was a kid. I was afraid I wouldn’t be with my kids. Diane, one of the counselors said something to me that was so simple and yet so true. She said, ‘If you start sobriety you can add another 40 or 50 years to your life.’ That hit me with a shock. I was assuming I was going to die. At that moment my motivation changed because I had hope and knew I could be with my kids as they grow up. Since that conversation I have lived four years in recovery and with my kids.”

Forgiveness at the Bus Stop

“I was three months sober sitting at a bus stop and thinking about my life. It hadn’t been an easy three months but I knew I was starting over. I thought, ‘Maybe God is real, and maybe He is on my side.’ I felt something happening to me as if from another world and thought to myself, ‘God is real and I am forgiven.’”

Unexpected Forgiveness


Jose was with two of his children in a movie theater about a year into recovery. Something really funny happened in the movie and the kids started laughing and Jose started laughing with them. “I looked at my kids belly-laughing and enjoying themselves and I realized after years of not being a good father, the three of us were enjoying the movie together and enjoying each other. In that moment I was finally okay with myself. I felt forgiven.”




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Resenting Someone Who Stiffed Him

When Jose was doing his fourth and fifth step work, there was a man foremost in his mind had stiffed him out of \$4,000. He deeply resented the person and didn't want to let go of his resentment, much less forgive him. The sponsor pointed Jose to an exercise in the Big Book to pray a couple of weeks for the man. Jose said, "I brought the guy up in my prayers every morning but I did the opposite of what I was supposed to do; I prayed our paths would cross and I would get revenge. After a few weeks, something happened during my morning prayer, I surprisingly asked God, 'Please bless him as I am being blessed.' I told my sponsor and he asked me, 'What would you do if you met him?' I said, 'I would give him a hug.' I was released from my revenge."

Not Ready to Forgive

"After a few months into recovery I went to my older sister who is very important to me and told her I was sorry and wanted to may amends. She wasn't ready to accept me. I was crushed, but I went back eight months later. This time she said, 'Sit down.' Then I heard these wonderful words: 'I'm glad to have my brother back.'" Jose has a stable job as a journeyman electrician. Three of his kids from his earlier relationship live with him and his wife and their two-month old baby girl.

Thanks to Bryce, Jose, Bitsy and Ed for sharing their journeys from ad-diction to recovery and into the health and peace of forgiveness. They are using the energy released in forgiveness to live new lives.



Allen Nobre is a writer for Terros Health

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(1)<http://www.ncbi.nlm.nih.gov/pubmed/14593849>
(2) <http://www.ncbi.nlm.nih.gov/pubmed/19538652>
(3) http://www.tandfonline.com/doi/10.1300/J069v25n03_08?src=recsys

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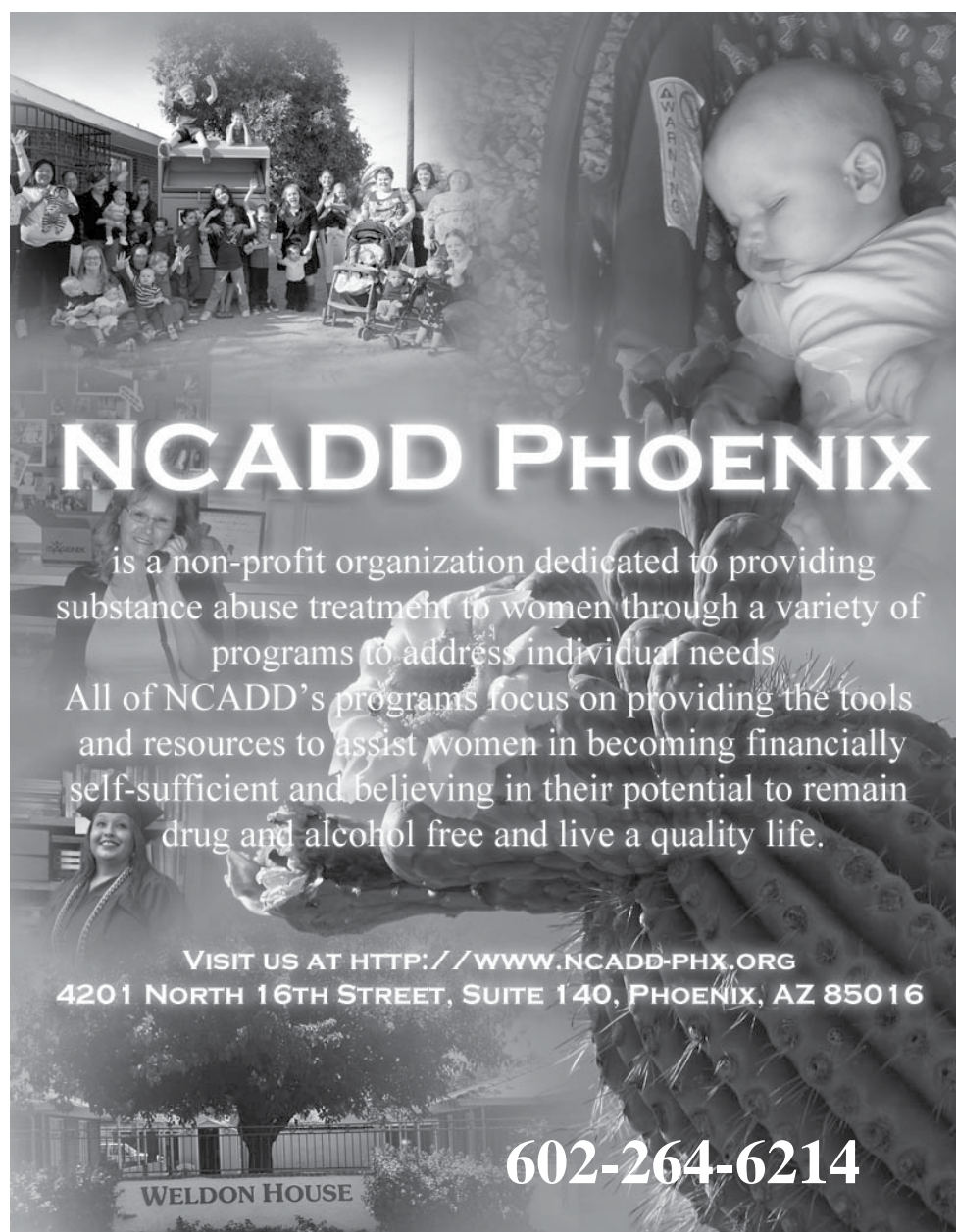
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Critical Components of an Effective Addiction Recovery Aftercare Program

“How am I going to handle the stresses of my life without drugs or alcohol?”

This question is top of mind for many addicts coming out of treatment for substance abuse. After spending one to three months in an environment of structured care and support, their release from rehab can be terrifying.

The prospect of re-entering society, facing addiction triggers and tackling the stressors of daily life without clinical support — and without alcohol or the other substances they previously relied on to help them cope — can be daunting.

Addiction specialists and counselors at The Right Step, an alcohol and rehab center just outside Austin, Texas, emphasize the importance of creating a customized aftercare plan for every client who completes one of their treatment programs. In fact, each client is expected to collaborate with their addiction counselor in building a recovery plan that is unique to their personality and tailored to their specific needs.

“People in recovery have to be part of the solution,” says addiction counselor Justin Steen, LCDC, regional director of outpatient services for The Right Step (TRS) and Promises Austin in Texas. “It is critical that we involve clients in the sculpting of their aftercare plan so they will be more motivated to follow it and complete it.”

Steen, discussed the various components that might be included in an aftercare plan co-created by staff and their clients.



An Effective Aftercare Plan

“Each client’s aftercare plan is different, so the ideal components will vary from individual to individual,” Steen says. Depending on a client’s specific needs and medical history, their aftercare plan might include:

Prescribed medication that is safe for recovery — along with regular doctor visits, referrals to counselors for ongoing outpatient therapy, as well as external clinicians for continuing treatment of any co-occurring eating disorders, mental health issues or trauma they may have experienced

A recovery sponsor, usually obtained through a community 12-step program or other recovery peer group

Resources for legal assistance to help resolve any legal issues stemming from their addiction, and letters or other communications to help meet requirements for court dates, appointments with probation officers, or re-entry into the job market, and a health plan that includes exercise and a nutritious diet.

“An important aspect of recovery is taking pride in your life and your body, and good nutrition and exercise are part of that,” Steen explains.

Getting Support and Building Leadership Skills Is Empowering

“Everyone who completes addiction treatment at The Right Step works with us on their aftercare plan and is transitioned into our Aftercare Program,” Steen explains. “The Aftercare Program is open to all our alumni for two years post-treatment at no cost. It includes a support group meeting once a week that is attended by a clinician and facilitated by other alumni — often those who were in the same treatment program — so coming back to the same treatment facility for aftercare support meetings is kind of like coming home.”

Unlike some recovery support groups that require people to have six months or more of sobriety under their belts before they can take on leadership responsibilities, the TRS Aftercare Program allows alumni who are relatively new to recovery — perhaps just three months sober — to take leadership roles at support group sessions. “This can be very empowering for our program graduates and is also a great learning tool as they work through recovery,” Steen said.

Structured Aftercare Can Reinforce Treatment, Strengthen Recovery

Scientific research shows that addiction is a chronic, progressive disease that affects the brain’s reward centers, and addiction to alcohol and other substances changes a person’s brain chemistry over time. Those chemical changes and the destructive behaviors that stem from them take time to undo — often much longer than the 30 to 90 days a client spends in detox and rehab. It is important to provide structured aftercare and intensive support to clients as they begin using newfound strategies for avoiding relapse and maintaining recovery.

“While sober support groups are a necessary part of recovery, they are not the whole story,” Steen said. “We want to make sure each client is also getting good clinical support. A treatment program is a good foundation for recovery, but it is a very controlled environment. After treatment, our clients are going to go out in the world and encounter stressors. How are they going to handle those stressors now that they are sober? They are going to need continued clinical support to help them handle stress in healthy ways until they learn to make healthier choices on their own.”

More rigorous than TRS’s regular Aftercare Program, Javelin Continuing Care Services at The Right Step are based on a one-year customized aftercare plan that is supervised by a case manager and holds clients accountable to their recovery. Javelin has three components, including:

- Weekly recovery coaching via phone to motivate clients to stay on course
- Case management to provide clients with referrals to clinicians who can provide outpatient therapy or other continuing care
- Staff assistance with finding resources in the community, from legal advice to resume writing, which

helps reduce stress and eases their post-treatment reintegration, and

- Regular urine testing for substances to hold them accountable to their sobriety.

“We see much lower rates of relapse among our clients who enroll in Javelin,” Steen said. “Plus, providing recovery coaching through the weekly phone calls is rewarding for addiction counselors because we get to touch base with clients as they put their new coping tools into practice. We can help them figure out which strategies are working, which ones aren’t, and make adjustments. Clients get a chance to talk about new issues or challenges that come up during their recovery process, and get one-on-one help with problem-solving.”

Sober Living: A Safe Place to Stay During Aftercare

A sober living option will sometimes be recommended to clients completing treatment if their sobriety might be challenged by their going home. In some cases, a spouse may abuse substances or may be abusive, or there may be other stressors in the home. In other cases, especially for younger clients who still live at home, the parents may have given them an ultimatum that they must be sober for six months before returning home — so going home and continuing aftercare from there is not an option. Alternately, if a client lives alone and is likely to go home and isolate, then that client’s home environment is not conducive to successful aftercare. Isolation is generally considered bad for sobriety.

As an addiction counselor, I must consider if clients will be successful if they go home and continue with their Intensive Outpatient (IOP) care or other aftercare from home, or if their home environment will not support their sobriety,” Steen explained. “If not, we will recommend sober living as their next step after treatment.”

Clients can be referred to a variety of different sober living environments, including halfway houses that offer recovery curriculum, and three-quarter houses that don’t offer a curriculum, but offer a safe place to live with other people in recovery. Sober living arrangements vary as well, where clients may stay for three to six months or, and in some cases, even longer. The important thing is that the sober living environment supports positive progress through a client’s aftercare.





The Dial to Nowhere

While Dee and I were waiting to be served in a restaurant, I picked up an Etch-a-Sketch-like toy on a rack near our table, a plaything designed to keep little kids entertained while waiting for food. Curious, I began to write on the screen and tinker with the dials. I discovered a large knob that turned like a dial and moved in a slot horizontally back and forth across the entire bottom of the device. "What does that dial do?" Dee asked.

"Nothing," I replied. "It is not connected to anything and does not get anything done. It just gives kids the illusion that they are getting something done." Dee laughed. "Sound like a lot of the office work I've done."

She was kidding, but serious. A certain amount of business work is productive and meaningful. A lot just feels like busy work. Filling out forms; fixing website issues; jumping through multi-layered security hoops; getting stuck in voicemail loops; fending off hackers; dealing with people who don't pay attention to instructions. While on some level these activities may be necessary in an increasingly complex world, a lot of them feel boring and a waste of time. At the end of the day, you lay in bed and wonder, "What did I do today, anyway?" Perhaps you, like me, would rather do what is meaningful than busy work. I heard that some doctors spend one-third of their time healing people and two-thirds of their time doing paperwork and administrative tasks. Where are our priorities?

Soon afterward, we watched one of my favorite films, *Lost Horizon*. The movie contains a poignant scene in which high-ranking statesman Robert Conway finds himself in the remote paradise of Shangri-La, where he falls in love with a delightful woman who invites him to stay there with her forever. He explains that he has important work to do back in society. She tells him, "Come now, you know you are going nowhere—admit it!" Conway thinks for a moment, smiles, and replies, "You are exactly right." In that moment he realizes that most of the work he is doing is not leading to anything of true value. He is rolling the dial to nowhere.

If you are tired of running on a hamster wheel, be honest about what you would rather be doing. How much of your work and daily activities are life-giving, and how much are boring and deadening? How much tolerance do you have for the meaningless? Any tolerance at all is too much. If you are bored, either find a way to make what you are doing interesting, or choose something more stimulating. There are no other options, really. French author Jules Renard said, "I am never bored anywhere. Being bored is an affront

to oneself."

Everything you do is either taking you somewhere or it is taking you nowhere. If there is any value in going nowhere, it is to bring you to the realization of the somewhere you would rather be. Our challenge is that nowhere is so highly populated that it seems like somewhere. When billions of people agree that illusions are solid, it is tempting to pitch your tent in on a swamp. But reality is not a democracy, and truth does not depend on the number of people who subscribe to it. Mass agreement does not make emptiness full. It takes an innocent mind to see the emperor isn't wearing clothes. Such people are branded mavericks and heretics, but eventually, when the masses finally catch up with reality, the heretics are lauded, knighted, or sainted. Paul McCartney, who flipped the bird at the monarchy by smoking pot in Buckingham Palace, was eventually knighted.

One day I stood at the ferry dock in Tiburon, California, and watched commuters exit from their workday in San Francisco. They did not look like happy campers. I thought, "If that is what livelihood is all about, count me out." Zen philosopher Alan Watts said, *"The secret to success is to find a way to get paid for having fun."* Passion is the strongest money magnet I know. When you love what you do, consumers are happy to pay you to do it for them. When you find a good reason to wake up in the morning, you are truly turning the dial to somewhere.

If you are doing something devoid of joy, either find a way to bring greater meaning to it, or stop doing it. This is your life we are talking about. You get just so many trips around the sun before you get returned to inventory. None of us can afford to waste time in irrelevance.

There are three ways you can immediately add meaning and value to your life: **(1) Follow your joy voice rather than the fear voice: (2) Connect by focusing on the human element in your work and communication; and (3) Serve.** When you take care of people, you remember why we are here. Our deepest purpose is to make each other's lives easier. Everything else is either a means toward that end, or a detail.

Each day we are presented with numerous dials we can turn. Some of them simply provide the illusion of action, and others actually have an effect. May you sleep well tonight, knowing that your day on earth was well spent.

Alan Cohen is the author the inspirational book, *Enough Already: The Power of Radical Contentment*. For more information about this program, Alan's books and videos, free daily inspirational quotes, online courses, and weekly radio show, visit www.alancohen.com.

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HOT TOPICS from page 2

When she's not out talking about SpringBoard or studying for the next exam, you'll find Melissa on her yoga mat here in Scottsdale, on a hike in the desert or at home with her family.

For more information on services provided by Springboard visit www.springboardrecovery.com

Meditation from page 7

care of God as we understood Him." In meditation we "make a decision to turn our will over" again and again.... as we decide:

- to stay in the meditation and not quit
- to let go of distracting thoughts, emotions and outside noises
- to connect to our higher power in meditation

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grace, wisdom, and love. And let's remember that meditation is in reality intensely practical. One of its first fruits is emotional balance. With it we can broaden and deepen the channel between ourselves and God as we understood Him." (pg. 101-102)

Bill Wilson in a 1954 letter stated "We are only operating as spiritual kindergarten." We practice spiritual attitudes, new habits, and connectedness in meditation. Meditation is a wonderful spiritual aerobic exercise to deepen the work of each of the 12 steps internally as we take the outer actions of working the steps with our sponsors.

Randy F. has created the www.11thStepMeditation.org website, and is currently teaching a monthly 11th Step Meditation workshop in Scottsdale. For more info, email randy@spiritstep.com.

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WILL A DIGITAL DETOX CAN IMPROVE YOUR LIFE?

By Tamara Rahoumi

It's hardly a secret that the majority of us spend most of our days with our phones in hand, or our eyes glued to a computer screen. But while days without the ability to Google your burning questions or Instagram your lunch seem like an unimaginable thing of the past, the occasional break from any and all things tech can have a pretty positive impact on your mind, body, and overall well-being. Whether your digital detox a couple hours long, an entire Sunday, or (for the truly committed) a whole week, the break from your phone, computer, tv, and other devices is sure to offer up some major benefits. Here are just a few of the ways the digital detox is sure to improve your life.

Your relationships will get a lot stronger.

It makes sense that when you start communicating less with people through text and messaging apps on your phone that you'll start to communicate with them more in real life. And with that switch to in-person conversation, you'll find yourself connecting with the people in your life — friends, family, coworkers, etc. — on a way stronger and more personal level than you were before. There are studies to suggest that too much time spent watching TV shows or movies — i.e. too much screen time — can lead to the development of parasocial relationships with fictional onscreen characters, which makes your real-life relationships even less substantial as a result.

How about a better night of sleep?

Research has shown time and time again that too much not-so-quality time with your phone — and the likes of things like social media — tends to lead to spikes in your anxiety levels. And it shouldn't come as much of a surprise that when your anxiety levels go up, the ease with which you can doze off tends to go down. You're also sure to feel more comfortable in bed at night when you start spending less time hunched over a laptop screen or with your neck staring down at your phone during the day.

Live in the moment

Think about it: how much of your day is spent in a kind of disconnect from what's happening around you while you scroll through your Instagram feed or peruse Facebook? Chances are, it's a lot. But taking the time to break away from your phone, your computer, or any other devices that might be distracting you is one of the simplest ways to ensure that you become more in tune with



everything, and everyone, around you. You'll suddenly find yourself struggling less with FOMO — a break from Instagram means no time to compare yourself being stuck at home to your friend's vacation to Greece — and embracing a bit of the lesser known JOMO, or joy of missing out, which is all about taking things slow and enjoying the present moment to the fullest. And mark our words:

the more that you start to embrace living in the moment sans technological distractions, the more you'll crave that tech-free connection to the world around you from time to time.

You'll start to appreciate the technology more

Consider this a practice in gratitude, my friends. The reality of how — or rather, how often — we use technology nowadays has taken us to a point where we basically take our phones and computers for granted on a daily basis. But taking even just a day (better yet, even longer, if you can) away from any and all screens will help you develop more of an appreciation for them the next time you hop on your phone or turn on the tv. Not to mention, the break will help you become more appreciative of the things you truly need your phone for — let's face it, Google Maps and phone calls are modern day essentials — while allowing you to recognize the value in putting the phone down for things that don't call for screen time (i.e. a coffee date with a friend where staring at Instagram just isn't that big of a necessity).

You'll suddenly find it easier to make other big changes in your life

Less time spent mindlessly on the internet or watching TV means you can spend more time thinking about more substantial things that you want to get done. Without the distractions to consume your mind and time, you'll suddenly find that your mind is able to process and think through things a lot more clearly on a regular basis. Been thinking about a career change? The digital detox may give you the clarity you need to sit down and map out what you need to do and when you need to do it to achieve your professional goals. Have you been frustrated with the direction that your physical health has been going in? Breaking from the internet and from your phone can help you make working out and meal planning a priority. Whatever changes you've been hoping to make, the break from technology ultimately helps clear your mind so that you can focus on making those changes a priority.



Keeping Them Safe

Visit www.SubstanceAbuse.az.gov to download the "Keep Them Safe" brochure & Family Prevention Substance Abuse Plan. A website providing a locator for use by anyone seeking help with prevention, treatment and recovery resources.



Provided to the community by
The Governor's Office of Youth, Faith and Family.

BOOK REVIEW

Reviewed by Kyle Rhodes

Breathing Under Water

by Richard Rohr

**He who learns must suffer.
And even in our sleep pain that cannot forget,
Falls drop by drop upon the heart,
And in our own despair, against our own will,
Comes wisdom to us, by the awful grace of God.**

— An Unexpected Postscript, *Breathing Under Water*, page 128

In *Breathing Under Water*, author Richard Rohr suggests that the teachings of Jesus and Bill W. are from a “common inspiration from the Holy Spirit and from the same collective unconscious.” Rohr presents evidence that the Gospel message of Jesus and the Twelve Step message of Bill Wilson are largely the same message, “even in some detail.”

Rohr explores the spirituality of the Twelve Steps of Alcoholics Anonymous as compared to the teachings of Jesus Christ and the Gospel. There are twelve chapters dedicated to each step individually and, to begin each section, Rohr presents the corresponding step alongside several scriptures taken from the Holy Bible. The scriptures that are presented with each step reflect related spiritual principles that are present in both the Twelve Steps and the Gospel.

Chapter 1 (Step 1) reads: “Powerlessness. We admitted we were powerless over alcohol – that our lives had become unmanageable.” The simple language of Step one is juxtaposed against Romans 7:15,18 “I cannot understand my own behavior. I fail to carry out the very things I want to do, and find myself doing the very things I hate...for although the will to do what is good is in me, the performance is not,” as Rohr attempts to bring clarity to the confounding behavior that surrounds addiction.

In addition to his compare and contrast style that explores the written words by both Bill Wilson and Jesus, Rohr explores the human response to each man’s attempt to teach and heal others. Rohr writes about the reaction to Jesus as a teacher, “Jesus was a master of teaching skillful means...But we got so preoccupied with needing to prove and worship Jesus’ divinity that we failed to let him also be a sage, a wise man, a teacher...We just waited for another dogmatic declaration...” (pg. 76). He continues on to speak of Bill W. as a teacher of experience. One whom others trusted based on the man’s actions and experience with, not only alcoholism, but life. Rohr successfully examines that both Jesus and Bill W. were, first and foremost, men. They were also servants of humanity and their ultimate goal was to teach people how to help each other above all else.

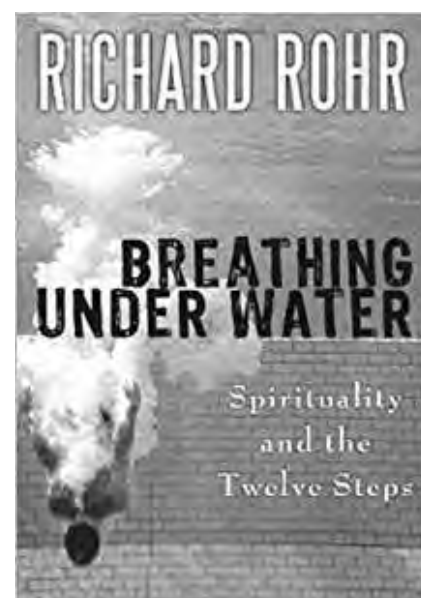
One of the truly inspirational portions of *Breathing Under Water* takes place in Chapter 10 (Step 10). Rohr is an accomplished Catholic and Christian teacher, but he has not struggled with alcoholism as a specific addiction. Rohr himself admits that, coming upon step 10, it was seeming that the Twelve Steps were an “endless examination of conscience”, which he believes is dangerous for some, due to the overdone guilt and shame-based history of religion. Rohr soon comes to realize that this “endless examination of conscience” is the pathway to something larger than oneself. Something beautiful and inspiring that promotes and maintains spiritual growth and

understanding. Rohr suggests that the difficulty of explaining consciousness simulates the difficulty of explaining what would be called the human soul. His examination of the possibility of consciousness and soul being one in the same is something to behold.

If you are looking for a little extra insight into spirituality and the Twelve Steps, I highly recommend this book. As well as insight into the spirituality of the Twelve Step program, Richard Rohr provides an extensive comparison between the teaching styles of Christianity and Alcoholics Anonymous. Tentatively, there is a bridge between what Christ was attempting to accomplish as a teacher of humanity, that was distorted and clouded with a desperate search for divinity and the learning through trial and error and sharing personal solution through experience that Bill Wilson and Alcoholics Anonymous call “carrying the message to the next struggling alcoholic.”

The truly fascinating realization that Jesus and Bill W. are essentially spreading the same message through different medians is something that shouldn’t be lost on anyone struggling with alcoholism or addiction, themselves or in a loved one. This book is absolutely endearing for any Christian, addict, or person wishing to learn what helping another human being can really be.

Breathing Under Water is available at Gifts Anon., Inc. located at 10427 N. Scottsdale Road, Scottsdale, AZ 85253.



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Questions From Teens About Drugs and Alcohol

How much do you really know about why people become addicted to drugs, whether marijuana can be medicine, and what causes a hangover?

NIDA scientists answered more than 1,600 questions from teens and others about drug and alcohol use. Here are a few of our favorites.

1. Why do some people become addicted, while others don't?

Great question, and a hard one. We don't fully understand yet why this is so. We know that genes play a part, because an inclination for addiction can run in families, and because different strains of mice, rats, and other animals differ in how readily they develop addiction-like behaviors after they're exposed to drugs. We also know that a person's environment plays a part in addiction. For example, what are the factors that encourage someone who has tried a drug to keep on taking it to the point where they can't stop? Many scientists are trying to untangle the answers so that we can find better ways to prevent and treat addiction. See these videos on how anyone can become addicted, and why drugs are so hard to quit.

2. What can cause a hangover?

There are several reasons why people experience hangovers from drinking. One component is dehydration. Alcohol causes the body to get rid of too much fluid, and the dehydration that results can cause headaches, nausea, thirst, and other symptoms of hangovers. While some people think that alcohol helps a person sleep, it actually disrupts sleep, and that can contribute to the grogginess that accompanies hangovers.

3. What properties in drugs make them addicting?

Different drugs act on the brain in different ways, but they all cause release of the neurotransmitter dopamine in the brain's reward area, which is what causes the pleasurable sensation (the high). Once a person uses a drug repeatedly, their brain starts to adjust to these surges of dopamine; the brain cells (neurons) make fewer dopamine receptors, or they simply produce less dopamine. The result is a lower amount of "dopamine signaling" in the reward area—it's like "turning down the volume" on the reward signal. Then the person may start to find natural "rewards"—like food, relationships, or sex—less pleasurable; that's one of the signs of addiction. Also, reduced dopamine signaling in the brain's prefrontal cortex, which governs our ability to inhibit (slow down or stop) our impulses, makes it harder to resist the urge to take drugs even if a person would like to quit. Learn more about how drugs affect your brain and body.

4. Does marijuana use lead to the use of other drugs?

The "gateway drug" concept—where using one drug leads a person to use other drugs—generates a lot of controversy. Researchers haven't found a definite answer yet, but as of today the research does suggest that, while most people who smoke marijuana do not go on to use other drugs, most teens who do use other illegal drugs try marijuana first. For example, the risk of using cocaine is much greater for those who have tried marijuana than for those who have never tried it.

However, this risk is also greater for people who have used alcohol and tobacco. Animal studies suggest that because the teen brain is still developing, using marijuana, alcohol, or tobacco in your teen years (or earlier) may alter your brain's reward system (see the answer to #3 above), and that may put teens at higher risk of using other drugs. In addition, using marijuana puts children and teens in contact with people who use and sell other drugs, increasing the risk of additional drug use.

5. Is medical marijuana good for you?

The marijuana plant has not been approved by the FDA for the treatment of any medical condition. A pill form of THC (the main chemical in marijuana that affects the brain) is already available for certain conditions, such as nausea associated with cancer chemotherapy and weight loss in patients with AIDS. Early research suggests that some of the active ingredients in marijuana, like THC and cannabidiol (CBD), might be able to help treat conditions and diseases like epilepsy, cancer, or addiction. Scientists are studying THC and CBD to try to develop new medications. However, smoked marijuana is unlikely to be an ideal medication because of its negative health effects, including the risk of addiction and the damage that smoking can do to your lungs.

6. Can drugs affect animals?

Yes. Chemicals can have different effects in different animals—for instance, chocolate is delicious to humans and poisonous to dogs—so even small amounts of a drug could be very harmful for your pet. Alcohol can cause a dog to suffer dangerous drops in blood pressure, blood sugar, and body temperature, to have seizures, and to stop breathing. In dogs and cats poisoned by marijuana, signs may be seen within 3 hours, such as a lack of energy, low heart rate, low blood pressure, respiratory depression, hyperactivity, seizures, vomiting, and coma. Also, your pet wouldn't understand that it had been given a drug, and the sensations that might feel like a "high" to a human would be a very scary experience for an animal.

7. How can I help someone if they are on drugs?

One of the best things you can do for a friend with a serious drug problem is let them know you are there to support them. Tell them you're concerned about their drug use and encourage them to seek help from a trusted adult; maybe a teacher, coach, parent, or counselor can help. You can also help by being a strong positive influence; help them get involved in non-drug-using activities like joining a club, playing music, or playing a sport. However, if your friend is becoming a negative influence in your life, you might have to step away from the friendship for a while. If you feel your friend is a danger to himself or herself, or to others, it is important to tell a trusted adult right away; it could save your friend's life. See NIDA's "Step by Step Guide" for teens and young adults.

8. Are video games more addictive than drugs?

No, they aren't more addictive—for example, they don't cause painful physical withdrawal when you stop. Technically, video games wouldn't be considered addictive. But they do act on some of the same systems in the brain as addictive drugs. For instance, they produce bursts of dopamine (described in answer #3 above), and some people think that playing video games a lot might cause problems similar to drug use, such as being unable to get satisfaction from other things in life.

<https://teens.drugabuse.gov/>
The NIDA Blog Team






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

Community Calendar

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

Professional Events

JUNE 20—FREE — Psychological Counseling Services (PCS) 12:15-1:45 p.m. Mark your calendars. If you are new send an email request to pcs@pcsearle.com or call Ellen Hamilton for details 480-947-5739. Specifically targeted to licensed professionals.

JUNE 2- Meadows Behavioral Healthcare presents, Tian Dayton, MA, PhD, TEP, Senior Fellow of The Meadows, **Relationship Trauma Repair: An Experiential Model for Treating Childhood Trauma.** 8:30 AM – 2:00 PM. Talking Stick Resort, Salt River Ballroom, 9800 E. Talking Stick Way, Scottsdale. Contact Shannon Spollen: sspollen@themeadows.com or 928-684-4048

Mondays– Scottsdale – FAMILY RECOVERY GROUP—The Meadows Outpatient Center. Brough Stewart, LPC. 5:30-7:30 p.m. Designed to help begin/continue family recovery. No charge. The Meadows Outpatient Center, 19120 N. Pima Rd., Ste. 125, Scottsdale. Contact: Jim Corrington LCSW, 602-740-8403.

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). Contact: Rob L. 602-339-4244 or stscottsdalealumni@gmail.com.

SIERRA TUCSON— Continuing Care Groups in Phoenix. Wed. — 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.

Open Support Groups & Events

JUNE 11 — 11th Step Meditation Workshop 5th Step in Meditation: We allow the Sunlight of the Spirit to shine within to begin to heal our spiritual wounds in meditation. **FREE.** All welcome. 5:00 - 6:30 p.m. **A Mindfulness Life Center,** 10339 N. Scottsdale Rd. 480-207-6016. Randy Fahrbach, 805-895-2007. www.11thstepmeditation.org.

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@chandlercc.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. valleyhospital-phoenix.com

Open Hearts Counseling Services — Women's Therapeutic Group for Partners of Sex Addicts. Comfort, strength and hope while exploring intimacy issues. Cynthia A. Criss, LPC, CSAT 602-677-3557.

FAMILIES ANONYMOUS—12 step program for family members of addicts. 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., N. Scottsdale Fellowship 480-225-1555 or 602-647-5800

NICOTINE ANONYMOUS (NicA) Fellowship for those with a desire to stop using nicotine. Phoenix Sat., 5-6:00 p.m. at Our Saviour's Lutheran Church, 1212 E. Glendale Ave., Glendale, Sun., 9:15-10:15 a.m. Fellowship Hall, 8910 N. 43rd Ave. 480-990-3860 or www.nicotine-anonymous.org

Chronic Pain Sufferers “Harvesting Support for Chronic Pain,” 3rd Saturday of month, 12-1:00 p.m. Harvest of Tempe, 710 W. Elliot Rd., Suite 103, Tempe. 480-246-7029.

Jewish Alcoholics, Addicts, Families and Friends (JACS) 1st / 3rd Wed., 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 those-whose lives have been affected by another person's compulsive sexual behavior) Thurs. 11:00 a.m.-Noon. 2210 W. Southern Ave. Mesa. 602-793-4120.

WOMEN for SOBRIETY — www.womenforsobriety.org. Sat. 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— Message of hope and personal recovery to family and friends of someone who is addicted to cocaine or other 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. 4110 W. Sweetwater Drive. Tucson. 5:00 p.m. dinner. 800-877-4520 x2141. www.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, Tucson. Room A. Michael 520-419-6723.

OA—12 Step program for addictions to food, food behaviors. 520-733-0880 or www.oasouthernaz.org.

Pills Anonymous—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—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 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.

Valley Hope Alumni Support. 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.

Eating Disorder Support Groups— PHX— Monday @ 7:00 p.m. (N,D/SP,O). 2927 E. Campbell Dr. Ste. 104, (Mt. View Christian Church). Contact Jen at (602) 316-7799 or edaphoenix@gmail.com for directions/info. Wed. 7:00 p.m. Liberation Center, 650 N. 6th Ave, Phoenix. (cross street McKinley). Jennifer at (602) 316-7799.**Tempe—**Thursday@ 6:30 p.m. Big Book/Step Study meeting. Rosewood Centers for Eating Disorders, 950 W. Elliot Road, Suite #201, Tempe. Contact info@eatingdisordersanonymous.com. **Tucson—** Tues. 5:30 - 6:30 p.m. Steps to the Solution Meeting. Mountain View Retirement Village, 2nd floor, 7900 N. La Canada Drive, Tucson. Holly (203) 592-7742 or leeeverholly@gmail.com. Thurs. 5:30 - 6:30 p.m. EDA Big Book Step Study. Mountain View Retirement Village, 2nd floor, 7900 N. La Canada Drive, Tucson. Holly, (203) 592-7742 / leeeverholly@gmail.com. **Wickenburg—**Wed. 7:15 p.m. and Sunday 7:45 p.m. (N,D/SP,O.) Capri PHP program. Contact (928) 684-9594 or (800) 845-2211.**Yuma—**Wed. @ 5:00 - 6:00 p.m. 3970 W. 24th St. Ste. 206 Yuma. Alyssa at (928) 920-0008 or email 2014yumae.d.a@gmail.com.

GODDESSESS & KACHINAS A philosophical, spiritual, religious 12 step, 12 Tradition, 12 Promises support group. Details call 480-203-6518. Working with Native American and Hindu community worldwide and Southwest.

Crystal Meth Anonymous www.cmaaz.org or 602-235-0955. Tues. and Thurs.Stepping Stone Place, 1311 N 14th St. Phoenix

Treatment Service Resources

TOGETHER AZ	602-684-1136
Art of Recovery Expo	602-684-1136
ACT Counseling & Education	602-569-4328
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health	623-344-4400
AzRHA	602-421-8066
Calvary Healing Center	866-76-SOBER
Carla Vista Sober Living	480-612-0296
Chandler Valley Hope	480-899-3335
Choices Network	800-631-1314 - 602-222-9444
CBI, Inc.	480-831-7566
CBI, Inc. Access to Care	877-931-9142
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
Julian Pickens, EdD, LISAC	480-491-1554
Foundations Recovery Network	855-316-0114
Gallus Detox	928-227-2300
Gifts Anon	480-483-6006
Governor’s Office of Youth, Faith & Family	602-542-4043
Hayes/Davidson	800-219-0570
Hunkapi Programs	480- 393-0870
Geffen Liberman, LISAC	480-388-1495
Lafrontera -EMPACT	800-273-8255
The Meadows	800-632-3697
Mercy Maricopa Integrated Care	602-222-9444 or 1-800-631-1314
NCADD	602-264-6214
Pathway Programs	480-921-4050
PITCH 4 KIDZ	480-607-4472
Psychological Counseling Services (PCS)	480-947-5739
Remuda Ranch	800-445-1900
Rio Retreat Center	800-244-4949

River Source-12 Step Holistic	480-827-0322 or 866-891-4221
Scottsdale Detox	480-646-7660
St. Luke’s Behavioral	602-251-8535
Teen Challenge of AZ	800-346-7859
TERROS	602-685-6000
Valley Hosptial	602-952-3939

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Renee Sieradski, EA	602-687-9768
www.tax-intervention.com	

TUCSON

ACA	aca-arizona.org
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	520-638-6000
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

Get listed email us: aztogether@yahoo.com

Arizona Support Groups

Alcoholics Anonymous	602-264-1341	Marijuana Anonymous	800-766-6779
Al-Anon	602-249-1257	Narcotics Anonymous	480-897-4636
ACA	aca-arizona.org	National Domestic Violence	800-799-SAFE
Bipolar Wellness Network	602-274-0068	Overeaters Anonymous	602-234-1195
Compass 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		
Heroin Anonymous	602-870-3665		

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