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Dear Readers,

I welcome you to The Sober World magazine. The Sober World is an informative award winning national magazine that’s designed to help parents and families who have loved ones struggling with addiction. We are a FREE printed publication, as well as an online e-magazine reaching people globally in their search for information about Drug and Alcohol Abuse.

We directly mail our printed magazine each month to whoever has been arrested for drugs or alcohol in Palm Beach County as well as distributing locally to the schools, colleges, drug court, coffee houses, meeting halls, doctor offices and more throughout Palm Beach and Broward County. We also directly mail to treatment centers throughout the country and have a presence at conferences nationally.

Our monthly magazine is available for free on our website at www.thesoberworld.com.

If you would like to receive an E-version monthly of the magazine, please send your e-mail address to patricia@thesoberworld.com.

Drug addiction has reached epidemic proportions throughout the country and is steadily increasing. It is being described as “the biggest man-made epidemic” in the United States. More people are dying from drug overdoses than from any other cause of injury death, including traffic accidents, falls or guns.

Many Petty thefts are drug related, as the addicts need for drugs causes them to take desperate measures in order to have the ability to buy their drugs. The availability of prescription narcotics is overwhelming; as parents our hands are tied.

Purdue Pharma, the company that manufactures Oxycontin generated $3.1 BILLION in revenue in 2010? Scary isn’t it?

Addiction is a disease but there is a terrible stigma attached to it. As family members affected by this disease, we are often too ashamed to speak to anyone about our loved ones addiction, feeling that we will be judged. We try to pass it off as a passing phase in their lives, and some people hide their head in the sand until it becomes very apparent such as through an arrest, getting thrown out of school or even worse an overdose, that we realize the true extent of their addiction.

I know that many of you who are reading this now are frantic that their loved one has been arrested. No parent ever wants to see his or her child arrested or put in jail, but this may be your opportunity to save your child or loved one’s life. They are more apt to listen to you now than they were before, when whatever you said may have fallen on deaf ears. This is the point where you know your loved one needs help, but you don’t know where to begin.

I have compiled this informative magazine to try to take that fear and anxiety away from you and let you know there are many options to choose from.

There are Psychologists and Psychiatrists that specialize in treating people with addictions. There are Education Consultants that will work with you to figure out what your loved ones needs are and come up with the best plan for them. There are Interventionists who will hold an intervention and try to convince your loved one that they need help. There are detox centers that provide medical supervision to help them through the withdrawal process, There are Transport Services that will scoop up your resistant loved one (under the age of 18 yrs. old) and bring them to the facility you have chosen. There are long term Residential Programs (sometimes a year and longer) as well as short term programs (30-90 days), there are Therapeutic Boarding Schools, Wilderness programs, Extended Living and there are Sober Living Housing where they can work, go to meetings and be accountable for staying clean.

Many times a Criminal Attorney will try to work out a deal with the court to allow your child or loved one to seek treatment as an alternative to jail. I know how overwhelming this period can be for you and I urge every parent or relative of an addict to get some help for yourself. There are many groups that can help you. There is Al-Anon, Alateen (for teenagers), Families Anonymous, Nar-Anon and more. This is a disease that affects the whole family, not just the parents.

Addiction knows no race or religion; it affects the wealthy as well as the poor, the highly educated, old, young-IT MAKES NO DIFFERENCE.

This magazine is dedicated to my son Steven who graduated with top honors from University of Central Florida. He graduated with a degree in Psychology, and was going for his Masters in Applied Behavioral Therapy. He was a highly intelligent, sensitive young man who helped many people get their lives on the right course. He could have accomplished whatever he set his mind out to do. Unfortunately, after graduating from college he tried a drug that was offered to him not realizing how addictive it was and the power it would have over him.

My son was 7 months clean when he relapsed and died of a drug overdose. I hope this magazine helps you find the right treatment for your loved one. They have a disease and like all diseases, you try to find the best care suited for their needs. They need help.

Deaths from prescription drug overdose have been called the “silent epidemic” for years. There is approximately one American dying every 17 minutes from an accidental prescription drug overdose. Please don’t allow your loved one to become a statistic. I hope you have found this magazine helpful. You may also visit us on the web at www.thesoberworld.com.

My son would have been 33 years old this month. Happy Birthday Steven.


Sincerely,

Patricia
Publisher
Patricia@TheSoberWorld.com

For Advertising opportunities in our magazine, on our website or to submit articles, please contact Patricia at 561-910-1943 or patricia@thesoberworld.com.
**IMPORTANT HELPLINE NUMBERS**

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We all know the statistics: 80% of the global production of opioid pain killers are consumed right here in the U.S., which has less than 5% of the world's population. We're in the middle of a growing opioid epidemic with no sign of it receding and the relapse rates of alcohol and drug abusers continues to be far, far away from acceptable. These numbers are certainly cause for alarm. However, what I find even most concerning is that, with the statistics screaming in our ear, we've by and large, hardly answered the call.

April was the 25th anniversary of a paper I co-wrote with Dr. Ernest Nobel that was published in the prestigious, peer-reviewed Journal of the American Medical Association (JAMA) and titled; “Allelic Association of Human Dopamine D2 Receptor Gene in Alcoholism”. I’d like to take this opportunity to thank all of my colleagues, associates and friends whom I’ve had the great fortune to know and work with and have contributed to not just this seminal discovery, but to my lifetime achievements.

Coincidently, this year also marks the 80th anniversary (1935) of Alcoholic Anonymous (AA). In our paper, Dr. Nobel and I revealed our discovery of the DRD2 A1 as being the gene linked to addiction. The press termed it the alcoholic/addiction gene. Although our discovery was met with some skepticism, I was told by colleagues at the time that this was the single most important seminal discovery in addiction to date.

In essence, what Dr. Nobel and I had discovered was that people who have the DRD2 A1 gene have fewer dopamine receptors by as much as 40%. Dopamine (DA) is the primary neurotransmitter of reward and pleasure. It tells the rest of the brain that there are no external threats and “all is good in the world right now,” instructing it to be at ease. However, that message is not effectively communicated throughout the brain of people who carry the DRD2 A1 gene because they have fewer receptors to forward the message. Thus, people with this genotype will abuse drugs and engage in other risky behaviors that they've learned will improve their DA function.

As it turned out, our discovery was a bigger game-changer than I think most people suspected it would be. It provided the foundation for thousands of new studies on dopamine and addiction. In the ensuing twenty-five years from when our paper was first published in JAMA, over four-thousand papers published in peer review scientific and medical journals have been linked to Dr. Nobel’s and my discovery. Our findings literally opened the door for thousands of doctors, scientists and researchers to walk through and study addiction at its scientific core. In addition to establishing dopamine significance as a major neurotransmitter, the results of this research led to an even better understanding of dopamine's role in addiction and its treatment.

Most importantly, the research is ongoing. We learn something new about dopamine, addiction and its treatment nearly every month. I myself have continued researching dopamine and developing modalities based in science. In earlier studies I was able to identify the Brain Reward Cascade or BRC. The BRC is an interaction of neurotransmitters and their respective genes to control the amount of dopamine released within the brain. Any variations within this pathway, whether genetic or environmental (epigenetic), may result in addictive behaviors or what is now known as Reward Deficiency Syndrome.

Reward Deficiency Syndrome (RDS) is a term that I coined in 1996 to define addictive behaviors and their genetic components. You can find the full definition in the latest edition (2015) of the SAGE Encyclopedia of Abnormal Psychology. In layman's terms RDS is a condition where people with the DRD2 A1 gene engage in thrill seeking or risky behavior essentially to improve their DA function and achieve dopamine homeostasis or balance. People with this genotype can’t experience reward or pleasure from their everyday lives like most people. For this discussion, think of the last time you were talking on your phone while you’re driving through a dead cell zone. You got bits and pieces of what was being transmitted, but not the entire message. You probably got a little agitated trying to make sense of what little you did get.

This is what it is like for people with the DRD2 A1 gene. Dopamine carries the message of “don’t worry, be happy – all is good in the world right now,” but because people with the DRD2 A1 gene have fewer dopamine receptors, the message is poorly received. As a result, the “don’t worry, be happy” message cannot be communicated to all of the destinations in the brain that it needs to go. Their dopamine function is compromised. As a consequence, these individuals tend to feel uncomfortable, edgy and out of sorts – even in their most comfortable surroundings – for what would appear to the average person to be no reason at all.

People with the DRD2 A1 gene unconsciously engage in risky behaviors such as drug and/or alcohol abuse, gambling, smoking, over-eating and others; not because they’re hungry or want to get high, but because these activities improve dopamine function. During or shortly after one of these activities, the DRD2 A1 person will experience that ‘ahhh’ moment that others feel normally. Their dopamine function becomes closer to its balance or “homeostasis.”

These are just a few breakthrough discoveries I've made in the last twenty-five years; there is so much more. Scientists have compiled a mountain of research on addiction and its treatment that has led to the development of a plethora of scientifically proven effective modalities. Yet with the preponderance of scientific research and evidenced-based modalities available, the addiction treatment paradigm has barely shifted.

Use of FDA approved medical assisted treatment modalities (MAT) started a while ago. However, it seems to me that there is a renewed effort to expand the program. This could benefit patients in the short-term, but my concerns are focused on the long-term utilization. The FDA approved drugs that actually block dopamine function. The long term effects have shown a propensity to cause suicide. The better solution would be to gently stimulate the reward center naturally thus aiding dopamine in achieving homeostasis. The nutraceutical KB220z has been scientifically proven to achieve this and more. Studies have shown that KB220z taken over time can restore resting functional connectivity in the reward circuitry of the brain.

Addiction is typically characterized as a chronic disease by experts, government officials and ASAM. Unlike most known diseases, the treatment of addiction in most cases is not based on scientific evidence, nor is it required to be provided by people with any medical education—let alone by actual physicians—according to a well documented report (Columbia University National Center on Addiction and Substance Abuse – CASA). The study actually suggested that such insufficient care could be considered “a form of medical malpractice.” Additionally, in the U.S. there is no state or federal “Standard of Care” requiring treatment centers to adhere to a minimum level of treatment. These two policies, or more appropriately the lack thereof, leaves treatment facility’s management a lot of room for interpretation as to what is best for the patient and how to apply their modalities.

In the CASA study, Columbia University concluded that “the vast majority of people in need of addiction treatment do not receive anything that approximates evidence-based care.” The report added, “Only a small fraction of individuals receive interventions or treatment consistent with scientific knowledge about what works.”

A. Thomas McLellan, co-founder of the Treatment Research Institute in Philadelphia said: “There are exceptions, but of the many thousands of treatment programs out there, most use exactly the same kind of treatment you would have received in 1950, not modern scientific approaches.”
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The Mission at SoberWay
We provide our clients with a safe, effective, comprehensive and life-changing therapeutic program in a family-style residential setting using both time tested and cutting edge educational and therapeutic tools to prepare clients to live a clean and sober, 12-Step based, life.

Opiate addiction is at an all time high.
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Imagine for a moment what it would be like feeling as though you can never get enough. Have you ever been there? A place where no matter what you do or how hard you try you’re just not satisfied. You’re left to feel like you need more. Perhaps it’s your work or maybe its money. Or maybe you’re on a roll and can’t stop yourself from continuing knowing in your heart there is more at the end of this run. Have you ever wondered what would it be like to be hungry all the time – to eat a meal and not feel sated and wanting more while others at the table are just fine?

This is just a tiny glimpse through a window looking at some of the feelings a person with an addiction experiences. The satisfaction you feel when you’ve completed a job or the feeling you get with a pat on the back for a job well done comes from Dopamine. Unfortunately, not everyone shares the same level of satisfaction; in fact some don’t feel it at all.

Certainly we’re all familiar with the big brothers of addiction; drug and alcohol abuse. However, process addictions such as gambling, food, sex, gaming, retail therapy and yes, even money are proving to have similar effects on the brain as substance abuse and can be just as self-destructing. The common thread between all of these addictions is Dopamine (DA); the primary neurotransmitter of reward and pleasure and the most important brain chemical you’ve probably never heard of.

Dopamine is one of the “Feel Good” brain chemicals. As a neurotransmitter, its responsibility is to communicate messages to other areas of the brain. DA’s message is one of calm and wellbeing. A neurotransmission functions similar to an electronic transmission; in fact it’s not all that much different from you emailing a select group of friends. Emails use electricity to form, transmit and receive messages while the brain uses electricity and chemicals. Although Dopamine plays many roles in brain function, the brain chemical has earned its greatest notoriety from its vital role in the reward system.

In medical circles Dopamine is known as “the reward chemical,” and/or the “pleasure molecule.” It’s produced in the brain and directly influences our enjoyable experiences. It holds sway on our likes and dislikes, our dreads and desires and even love. When functioning properly, DA takes its cue and travels throughout the reward circuit announcing to the receiving cells that all is good. As a result, the rest of the brain simply goes about its business.

Everyday in our hectic lives we go through our normal routines that give us cues that can activate our reward system. It could be something as simple as your partner randomly flashing a smile at you or from the excitement you feel when you see your son or daughter return home from school after acing a test you helped them prepare for. These little unexpected gifts of life that keep us in good spirits are derived from our reward system when DA is being produced and processed properly.

However not all brains work the same. Everyone is unique in the way their brains produce and utilize DA. It’s a delicate balance. Parkinson’s disease, depression and propensities to addiction are a result of too little Dopamine while too much can lead to a false sense of euphoria and schizophrenia.

My close friend and colleague Dr. Kenneth Blum – discoverer of the reward gene – make understanding Dopamine and its functions his life’s work. His major contributions to the understanding of the reward system made global headlines. Part of what Dr. Blum’s seminal discovery revealed is that some people’s brains have fewer Dopamine receptors than others by as much as minus 40%. Dr. Blum’s discovery completely changed the way the medical profession viewed addiction and its treatment. He found that even though Dopamine production was up to par, people with the addiction gene – DRD2-A1 – had a limited ability to process the chemical. To go back to my email analogy; what Dr Blum discovered would be like you sending out an ‘all is good’ email to friends only to have a significant number of those emails bounce back. Your friends, who are accustom to receiving your ‘all is good’ message, never got it. So, just how do you think your friends who are expecting your email and don’t receive it might feel; a little stressed out perhaps? The same pretty much holds true in the brain.

The condition “Reward Deficiency Syndrome” (RDS) was discovered by Dr. Blum. He describes the condition this way: ’When levels of Dopamine and other “feel good” chemicals are low or blocked from the brain’s receptors; stress, pain, discomfort and agitation are the result. This condition is called “Reward Deficiency Syndrome.”

The human body is an amazing mechanism. It recognizes imbalances and sets out to right them. The medical field refers to this as homeostasis or the ability to maintain a constant internal environment in response to environmental changes. This stabilization of equilibrium also plays out for people who have RDS.

Individuals with Reward Deficiency Syndrome experience reward and pleasure on a much lower level when compared to people with normally functioning dopaminergic neurotransmission. Their Dopamine may be depleted or not utilized properly. As a consequence, their brains set into motion a quest to locate external dopamine stimulating scenarios. It’s not a conscious decision but rather a subconscious response. People with RDS have a propensity to abuse drugs and alcohol. They’ll seek out thrilling experiences and engage in risky behavior in an effort to spike their DA Levels. These people are not abusing drugs to get high and they’re certainly not eating sugary delights because of their nutritional value. They unwittingly do these things to raise their Dopamine levels thus normalizing their brain chemistry.

These behaviors are not solely reserved by drug abusers. What we’re finding is food addiction is rising at an increasingly alarming rate. Food addiction and obesity, especially in children, has become a major concern in the medical and scientific community. My suspicion is that sugar – including anything that is converted to sugar in the body – plays a key role in this epidemic. Sugar and its inexpensive substitutes are found in nearly all of the process foods, fast foods, sadas and fruit drinks that we consume. What most people don’t realize when they’re enjoying their favorite comfort

Continued on page 42
Our core residential treatment program empowers you to develop the knowledge, motivation and skills needed for lifelong recovery. With a combination of intensive therapy, attention to past trauma, education about triggers and development of coping skills, you’ll be prepared to face recovery challenges head on.

Three Strands™ Christian Program

Three Strands is a comprehensive, non-denominational faith-centered program. You’ll participate in intensive therapy, Christian support groups, worship at local churches, and relapse prevention planning, among other approaches. We provide the tools you need to rebuild your life, within the embrace of a faith-based, accepting community.

The BRAVEN™ Young Adult Program

This uniquely engaging program is designed for young adults ages 18 to 25 who are at high risk of relapse. Using innovative approaches, we help young people maintain their recovery through hands-on skill-building and intensive relapse prevention.
We don’t have to look far to notice the amount of negativity that surrounds us on a daily and consistent basis. Any one of us over the age of ten can recount the events of September 11, 2001, or any host of traumatic events that have taken place since that time. It seems our country has gone to the dogs when it comes to spewing traumatic events on every radio and news station, consistently pounding our senses with the fact that another tragedy has taken place in our country. Between hurricanes, tornados, floods, riots, shootings, police brutality and civil unrest, we have become a nation riding on the brink of fear of what will happen to us next with the hope that we are not personally involved in any of these situations. And the pulse continues to pound across the Atlantic bringing news of those who hate and persecute the American way of life, liberty and freedom, and who desire to desecrate everything we stand for. America, the country everyone else loves to hate, seems to be collapsing under its own weight. But this is also a time of great change, one we must embrace and use to be role models to the rest of the world, as we embark on a revolution of spiritual growth.

But how can we be spiritual when we are all traumatized with fear? Post-Traumatic Stress Disorder (PTSD) is not just a term used to describe a soldier who has seen death on the battle field, nor is it only assigned to someone who has been raped or beaten. PTSD or trauma haunts any of us who are affected by the host of evils that come across our television screens on an everyday basis. As a trauma therapist, I’ve seen more and more patients affected by emotional trauma than any other type of traumatic episode. Emotional trauma filters into our psyche leaving a trail of hopelessness, disempowerment, isolation and fear. As a result, we’ve become a society on the brink of a mental breakdown. In turn, the volume associated with these events is tuned way too high in our minds to even think about a way out, let alone how to come out of this on top and change the world for the better, a cross for all of us to bear in this ever changing time that we live in.

So, what do I mean by saying the volume is tuned way too high for us to even think? Understand that when a human being experiences a traumatic event, the event becomes merely a memory associated with a particular emotion; rage, anger, anxiety, hate, or the like. The problem with these memories is that they play out on our subconscious movie screen with the volume turned up so loud that the next Rolling Stones concert would have difficulty reaching it. As a result, we become tuned in to notice more frequently the next event that holds a similar emotion, until such a time that our thoughts are preoccupied with such events, riding and feeding these negative emotions to the point that our lives become consumed with connecting the traumatic events. Proper treatment of PTSD lowers the volume on the traumatic event and turns up the volume on more positive actions and practices; spirituality can be one of them.

What we choose to occupy most of our thoughts with is eventually what we manifest and receive from the world around us. If I constantly tell myself I can’t do something, what do you think will happen? Will I be able to do get the job done or not? If I am constantly thinking of getting a new car, I am sure within a certain period of time I’ll be driving a new one. Society needs to begin connecting the dots of a life spent in prosperity or poverty and seriously take a look at our thought processes surrounding them. Our thoughts are the catalyst towards action and our actions beef up our thoughts and thoughts carry emotions. Do you want to be an emotional wreck on the brink of a breakdown, or do you choose to be connected to your spouse, your children, your friends, your career, in a positive spiritual light while sky rocketing across the universe in a brilliant light that no one thing can alter? Your choice in this question is dictated by your actions, what thoughts you allow to occupy your mind and how you choose to occupy your time.

Stay in the light! Surround yourself with good people; love yourself enough to turn all your dreams into reality, because there are no limits to what we can do as an individual, as a unit and as a society. Spiritual growth is an essential component to the transformation process, but what is spirituality truly? What is it to you? What is it to me? One definition I’ve come up with is that spirituality is being confident within your own heart, to do the things that you are most passionate about and to wish no ill will towards others, no matter what negativity you receive. It’s being handed lemons and making lemonade because you can see the potential in all that is around you and all that is handed to you. It’s high self-esteem and the strength to continue on because failure is not an option; and it is the feeling, the sensation and the vibe that rushes through your heart with a purity of cleanliness, peace and happiness. Spirituality is uncorrupted love and an understanding that we are all connected and when we seek purity of individuality the entire system evolves!

In order to change the tide of trauma sweeping across the globe, we must begin to lead a spiritual existence looking internally to find the courage, strength, hope, peace and love that has been masked and covered up for way too long. We hold all the secrets of the universe within a small cell in the center of our hearts. Connect with beauty, peace and purity daily to unlock it and tell fear to take a hike; I’ve got a world to change!

Paul D. Alleva is the founding owner of Lifescape Solutions and Evolve Mental Health which he opened in December of 2011, based on a new model of healing and psychotherapy called Spiritual Growth Therapy. His newest book Let Your Soul Evolve: Spiritual Growth for the New Millennium 2nd edition describes the model.
Spiritual Growth Therapy (SGT) is a therapeutic way of living that incorporates spirituality into everyday life. Thinking and making decisions from a foundation of love and connection and with a future purpose that finds love and comes from the heart. Promoting individuality with a community driven connection that benefits and prospers all involved is the goal behind spiritual growth.

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- Jason Leder

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What comes first the chicken or the egg? Many think this is a stupid question that may be unanswerable; however, the question of whether childhood trauma directly correlates to an increase in substance dependence has seemingly been answered. The Adverse Childhood Experiences (ACE) Study, whereby over 17,000 Kaiser Permanente members voluntarily participated in a study to determine how the stressful or traumatic experiences during childhood affect or impact adult health. After all of the data was collected and all identifying information redacted, the Centers for Disease Control and Prevention completed the processing of the information.

The numbers were staggering:
- 11% were subjected to emotional abuse
- 28% subjected to physical abuse
- 21% subjected to sexual abuse
- 13% witnessed their mothers being treated violently
- 27% grew up with someone in the family home abusing drugs or alcohol
- 19% grew up with a family member in the home suffering from a mental illness
- 23% grew up in a divorced family

The study demonstrated that roughly 2/3 of the individuals who suffered adverse childhood experiences had/have serious drug and alcohol problems. Thus, although genetics plays some role in the development of alcoholism and drug addiction, the ACE study findings suggest that environmental issues (adverse childhood experiences) have a dramatic impact on alcoholism and drug addiction. Additionally, a Harvard neuroscientist Martin Teicher and Harvard pediatrician Jack Shonkoff, determined that flight or fight hormones are a safety mechanism for every human being; however, when an individual is exposed to trauma and abuse on a consistent basis, these hormones become over-bearing for the individual. Additionally, these individuals seem to have major issues with trust, as well as living in a constant state of fear and protection, i.e., typical of individuals suffering from alcoholism and drug addiction.

For example, if an individual is walking in the mountains alone and sees a large mountain lion, the increase in adrenaline and cortisol acts to create a fight or flight response without thought. Under these circumstances, the need to run or evade the mountain lion is efficient; however, when a child is faced with fight or flight from a mountain lion every day, the brain stays in a constant state of high alert and emergency. This then creates major issues with the part of the brain –prefrontal cortex– that is responsible for handling math, science, reading etc… Therefore, the prefrontal cortex has stunted growth given those emergency situations in the brain, i.e., running from a mountain lion which takes precedence over math, science, reading in school. The ACE study and the CDC depicted what the study has discovered, that childhood abuse and experience dramatically impacts and leads to more severe and numbered social consequences, i.e., alcoholism, drug addiction and risky sexual behavior. A primary question the ACE study sought to address is “If risk factors for disease, disability, and early mortality are not randomly distributed, what influences precede the adoption or development of them?” (www.cdc.gov.html). What this question alludes to is the fact that typically, risk factors for chronic illness are not randomly distributed and individuals who have one risk factor typically have one or more risk factors; thus, a clear link to socialization and childhood trauma and abuse.

**Childhood Abuse Has Far Reaching Consequences:**

**Prevalence:** About 14% of Children Suffer Abuse
- An estimated 681,000 children were confirmed by Child Protective Services as being victims of maltreatment in 2011.
- A cross-sectional, US national telephone survey of the child maltreatment experiences of 4,503 children and youth aged 1 month to 17 years in 2011 found that 13.8% experienced child maltreatment in the last year (including neglect, physical abuse, emotional abuse, custodial interference, or sexual abuse by a known adult).

**Cost:** Abuse Cost U.S. $124 Billion in 2008

Some of the costs associated with abuse of children correlate to the following:
- Improper brain development
- Impaired cognitive (learning ability) and socio-emotional (social and emotional skills)
- Lower language development
- Blindness, cerebral palsy from head trauma
- Higher risk for heart, lung and liver diseases, obesity, cancer, high blood pressure and cholesterol
- Anxiety
- Smoking, alcoholism and drug abuse

**Psychological**
- In one long-term study, as many as 80 percent of young adults who had been abused met the diagnostic criteria for at least one psychiatric disorder at age 21. These young adults exhibited many problems, including depression, anxiety, eating disorders, and suicide attempts.
- In addition to physical and developmental problems, the stress of chronic abuse may result in anxiety and may make victims more vulnerable to problems such as post-traumatic stress disorder, conduct disorder, and learning, attention, and memory difficulties.

**Behavioral**
- Children who experience maltreatment are at increased risk

ACE Pyramid Credit Given to CDC Special Supplement

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**Behavioral**
- Children who experience maltreatment are at increased risk

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### August Calendar

#### SUNDAY - SATURDAY

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Various therapies have been employed throughout the years to help treat people with addiction and mental health issues. One treatment that numerous studies have shown to be efficacious is called Acceptance-Commitment Therapy, or ACT (pronounced “act”).

ACT is considered the third wave of Cognitive Behavioral Therapy. Its fundamental premise is that an individual can work to move in one of two directions: either toward suffering, or toward their own values. Suffering stems from self-invalidation and a perception of low self-worth. This, of course, leads to a perceived need to escape the suffering. People hit the “escape button” in a number of different ways. For some it can be as simple as a distraction, such as watching television or listening to music, while others choose self-soothing skills such as talking with others or eating.

And yet, escaping can take a pathologic turn and become compulsive or self-destructive. Escaping one’s feelings with the use of alcohol or drugs, with compulsive eating or with impulsive sexual behavior can quickly develop into a pattern. These patterns, in turn, become addictions.

So what are some of the alternatives to “hitting the escape button”? To put it simply, we have to educate individuals, to help people develop skills and learn to accept their feelings rather than flee from them.

ACT states that to develop what’s called “psychological flexibility” (the opposite of escaping), the individual should do three essential things:

1) Be present (learn to stay in the moment).
2) Be open (learn not to get “stuck” on feelings or ideas).
3) Do what matters (figure out one’s values and organize life around activities and occupations consistent with those values).

If you are interested in learning more about ACT, there are plenty of places online to find information. Additionally, there is a great (and inexpensive) book that discusses these principles called The Happiness Trap by Russ Harris.

Joseph Troncale, MD is Retreat’s Medical Director. Over the past 35 years Dr. Troncale has established himself as one of the premier physicians working in the field of addiction. He is both a fellow and a member of the American Society of Addiction Medicine (ASAM) and was named Outstanding Clinician by Addiction Magazine in 2010.

WHAT IS A LEVEL 4 TRANSITIONAL CARE HOUSE?

Sunset House is currently classified as a level 4 transitional care house, according to the Department of Children and Families criteria regarding such programs. This includes providing 24 hour paid staff coverage seven days per week, requires counseling staff to never have a caseload of more than 15 participating clients. Sunset House maintains this licensure by conducting three group therapy sessions per week as well as one individual counseling session per week with qualified staff. Sunset House provides all of the above mentioned services for $300.00 per week. This also includes a bi-monthly psychiatric session with Dr. William Romanos for medication management. Sunset House continues to be a leader in affordable long term care and has been providing exemplary treatment in the Palm Beach County community for over 18 years.

As a Level 4 facility Sunset House is appropriate for persons who have completed other levels of residential treatment, particularly levels 2 and 3. This includes clients who have demonstrated problems in applying recovery skills, a lack of personal responsibility, or a lack of connection to the world of work, education, or family life. Although clinical services are provided, the main emphasis is on services that are low-intensity and typically emphasize a supportive environment. This would include services that would focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the world of work, education, and family life.

In conjunction with DCF, Sunset House also maintains The American Society of Addiction Medicine or ASAM criteria. This professional society aims to promote the appropriate role of a facility or physician in the care of patients with a substance use disorder. ASAM was created in 1988 and is an approved and accepted model by The American Medical Association and looks to monitor placement criteria so that patients are not placed in a level of care that does not meet the needs of their specific diagnosis, in essence protecting the patients with the sole ethical aim to do no harm.

Sunset House is a licensed, residential treatment program for men struggling with chemical dependency. We are committed to helping our men develop the skills necessary to lead sober and productive lives. Our goals are to safely and effectively transition our residents back into their communities with all of the tools necessary to maintain long-term, meaningful sobriety. Our clients are men looking for an affordable alternative to intensive inpatient treatment.

Early recovery can be a difficult experience; our program is intended to aid residents in body, mind and spirit at every step of the way.

If you or someone you love is struggling with addiction, call Sunset House today at 561.627.9701 or email us at mgordon@sunsetrecovery.org.

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The most recent research has shown that at least 1 out of every 4 males experiences some form of sexual victimization in his lifetime. Worldwide, well over half a billion men have been sexually victimized, but the abuse is rarely acknowledged because of fear, shame, ignorance, or culture.

Male survivors of sexual victimization often struggle with one or several forms of addictive or compulsive behavior: addiction to alcohol, street or prescription drugs, sex, work, or gambling. But the addiction is not the primary issue. Often, it is the response to overwhelming loss and despair, the fear, anxiety and shame that can come as a result of trauma.

Male survivors have been robbed of control over their own bodies. By engaging in addictive behavior, a survivor may briefly feel in control while they are acting out. In the addict brain, all the systems are off kilter. A survivor of childhood sexual abuse has developmental disruptions in the dopamine and opioid circuits, the limbic brain, the stress apparatus and impulse-control areas of the cortex, as well as altered hormone levels. It appears that there is a split in the processing of emotion. A brain that is preset to be easily triggered into a stress response is likely to assign a high value to substances, activities and situations that provide short-term relief.

A survivor’s emotional life has been compromised or even hijacked because of the abuse he has endured. Often substance abuse or sex is the entrapment and the lure for connection, relief, or “safety.” Shame and the secrecy surrounding the abuse are often the major fuel for any type of addictive behavior. Not all addiction is rooted in overt trauma, but most addiction is likely linked to some kind of pain. It may be difficult for a male survivor to enter treatment or tell the story of his abuse because for him, seeking help is an acknowledgement of weakness.

Many survivors lived through the abuse by denial, minimization, dissociation, and often detaching from the people who might value them and support them. These same processes also enable him to minimize or discount the damage he has done to himself and his relationships by his addictive and compulsive behaviors.

The craving for contact often accompanies the terror of true intimacy, especially if there was confusion about ways he related to a perpetrator. If a survivor was groomed to believe the perpetrator cared about him, he may reject true emotional connection because it feels dangerous or unfamiliar. Therapy may feel dangerous because it is reframing boundaries, connection and care. Before a therapist can launch into talking about trauma, he or she must have an empathic respectful relationship with the client. It is the cornerstone of treatment. With solid rapport, the survivor learns and practices skills to help him feel safe in his body and in his relationships.

Traditionally, addiction treatment has taken a strong stance against therapists initially addressing trauma in treatment unless there is a solid foundation of sobriety for at least six months to a year. This approach is based in the belief that the process involved in addressing trauma is so emotionally difficult for the survivor, it could endanger sobriety. As clinicians we know that reenactments can often happen in treatment especially as memories surface, but we the writers challenge this opposite capacity:

It is important to remember that the addiction is the symptom; trauma is the “it” addiction seeks to cover. The task of the therapist is to support, encourage, and challenge at all stages of addiction management. It is the healing work of good treatment for the client to accept full responsibility for his present behaviors with compassion and self-vigilance, and rectify his beliefs about the shame of his self-defeating or numbing behaviors, finding new ways of being alive in the world.

The effect of the addiction was not to be aware and not to be present. In order to heal and recover, it is necessary for a survivor to create the opposite capacity: to be present to what is going on inside his body as well as what he is feeling and thinking. Mindfulness gives recovering addicts and survivors important tools that will support them. Mind-body awareness, bodywork, certain kinds of weight training, and cognitive behavioral reframing techniques help male survivors tolerate all types of stressful situations. These approaches have been proven to be effective techniques to help men become and remain sober.

An addict may believe he can’t handle dealing with memories or reminders of the abuse. But he has already survived the worst without any support, protection or help. In recovery, much like in 12-Step meetings, he has access to a community of people who could support him, both in addiction recovery and through the ever-growing male survivor community.

Knowing “I am not alone” is one of the most important aspects of recovery. It is profoundly healing for a male survivor to recognize that others can truly understand his struggles and his pain. It is what most survivors and addicts experience in a peer support group, a therapy group for male survivors, when they go online to talk to other survivors, or when attending a Weekend of Recovery for male survivors (www.malesurvivor.org).

It is important to check in with a survivor/addict at the end of each session to reestablish commitment to continuing sobriety and to reaffirm how healthy it is to ask for all the support he needs. It is essential to normalize the survivor’s experience of being tempted to act out or numb out while affirming that he is stronger now, and that he has the capacity to both feel and remain grounded.

Treating survivor/addicts has rich rewards for the therapist. While it cannot be our job to keep the survivor addict sober, it is our responsibility and privilege to help him with as many tools as possible to become sober and maintain that sobriety on his path to recovery.

References Provided Upon Request

Howard Fradkin, Ph.D., LICDC-CS is the Co-Chairperson of the MaleSurvivor Weekends of Recovery team and is a Psychologist in private practice in Columbus, OH. Howard is the author of Joining Forces: Empowering Male Survivors to Thrive, published by Hay House in 2012. hfradkin@malesurvivor.org; 614-445-8277 ext. 1 www.howardfradkin.com

Mikele Rauch, LMFT is one of the founding members of the MaleSurvivor facilitator team, and is the Chairperson of Taking Back Ourselves, a Weekend of Recovery for female survivors of sexual abuse in June, 2016 www.takingbackourselves.com. She is the author of Healing the Soul after Religious Abuse, the Dark Heaven of Recovery, published by Praeger Publishers in 2009. She is a psychotherapist in private practice in Brookline, Mass. mikelerauch@gmail.com 617-734-2007. Ext. 5, www.mikelerauch.com
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I was railroaded into spending ninety days at a residential rehab facility in Virginia, one that specializes in treating addicted healthcare professionals. As a primary care doctor with a nasty habit of gobbling whatever prescription painkillers I could get my hands on, I fit the bill.

I was so opposed to even the idea of rehab that my caregivers and my attorney practically had to drag me, with my fingernails clawing the floor. For me, hell was not other people, but rather, hell was being brainwashed into a twelve-step cult. I resisted going to rehab with every molecule in my body but, unfortunately, I was out of other options.

Rehab programs designed for doctors’ place more emphasis on the issues that put physicians at particular risk for addiction in the first place, and on those factors that predispose us toward relapse. Many of us have neglected and sacrificed other aspects of our lives to our all-important careers, leaving a powerful vacuum of guilt and shame when we are no longer allowed to practice medicine. This makes us vulnerable. I, for one, was completely adrift.

While at rehab, I spent dozens of hours in group therapy with other addicted physicians, processing how we ended up at this last stop on the conveyer belt of shame. Some common themes that echoed throughout our discussions were the notion we had been letting go and letting God.” I wish that I could say that rehab was a universally positive experience, in the day to day reality. In a sense, we were drugging away our lost idealism. We were also medicating away all of the other problems in our lives. Angry wife? Take some Percocet.

I wish that I could say that rehab was a universally positive experience, but some aspects of my ninety days were downright silly. We were forced to participate in art therapy and family sculpting, activities that would have stupefied your average colleague, and lacked any knowledge of addiction beyond the rote memorization of the twelve steps. We had to mandatorily participate in “lectures” which consisted of streams of consciousness repetition of AA platitudes, such as “letting go and letting God.” I still don’t know what that means.

A different aspect of rehab that most people don’t appreciate is that it can be incredibly fun. The general dynamic is of juveniles in detention. I hadn’t laughed so much since high school. I’m not sure that I should reveal this aspect of rehab given that most people who end up in rehab are in serious hot water with their families and their colleagues, and are expected to do penance.

Somehow, amidst all of this therapy and bonding, recovery did start to take hold. For me, the most meaningful and helpful part was the camaraderie among fallen professionals, and the support and insights that we gave each other. There is something about fighting through a problem with others that can give you the strength to get to the other side, no matter how bleak things seem at the time.

While in rehab, I was universally treated as if I had a disease that needed to be addressed with compassion and empathy. This was new to me, and opened my eyes. It filled me with hope for the future, and helped prevent me from being overcome by my guilt, my shame, and by the remorse I had for destroying my life.

After rehab, when I re-entered the “real” world, I had complex situations with both the medical board and the criminal justice system waiting for me. Both of these institutions treated me not with compassion or sympathy, but as if I were a willful miscreant who had deliberately broken laws for the sake of hedonistic pursuits. This does not reflect a modern understanding of addiction, and was quite discouraging to my recovery.

As a predictable consequence of this punitive response to addiction, most doctors who are struggling with chemical dependency are afraid to get help, and remain in the shadows. This is the worst-case scenario, and puts these physicians and their patients alike in jeopardy. As things stand, doctors rarely get help until they get into major trouble and, by that time, damage has been done, some of it beyond repair.

Medical professionals are at exceedingly high risk for addiction to drugs and alcohol. It is estimated that ten to fifteen percent of physicians suffer from addiction, which is higher than the nine percent rate that is often cited for the general public. Healthcare professionals have almost unlimited access to prescription medications and plenty of stress. It is a perfect storm.

With appropriate treatment, physicians have about an estimated eighty percent recovery rate from addiction. The key, of course, is getting them to accept this help. This success rate is astronomically high compared to other populations of addicts. In comparison, A.A. has an estimated success rate of five to ten percent.

Perhaps physicians encounter this degree of success in part because we have so much to lose, such as our hard-earned livelihoods, and in part because we have financial resources to throw at rehabs, therapy, drug tests, aftercare, and the other necessary components of a strong recovery program.

It is imperative that we find ways to export or emulate this model for success to the treatment of addicts in other walks of life, so that we can maximize the numbers of people that can return from the abyss of addiction, to productive, meaningful lives.

Peter Grinspoon, M.D., is a primary care doctor at MGH in Boston, and the author of the upcoming memoir FREE REFILLS: A Doctor Confronts His Addiction, which is to be published by Hachette Books in February, 2016.
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Sky Toxicology is a market leader focused solely on addiction treatment testing. We can help you raise the level of care and compassion you provide for every patient. Give us the opportunity to show you how we can make a happy client out of you.
Before my ex-husband Bob died, I never gave much thought to who wrote the obituaries I read in the local newspaper. I did, however, suspect a faithful codependent had lied by omission whenever a death notice stated their loved one “died suddenly,” “died unexpectedly,” or “had succumbed to their illness.”

When substance abuse is the cause of death, it is not sudden. And it is definitely not unexpected. The only truth in that death notice is the deceased did succumb to their illness—the disease called addiction.

Denial is the survival instinct that kicks in to soothe the grief of those left behind. Rather than stating how we failed to stop our loved from dying of a drug overdose, or cirrhosis of the liver, we continue to mask the shame and blame.

After my ex-husband passed away, the funeral director asked me, “What do you want his obituary to say?”

I was stunned. Me? How could I write an honest obit when guilt taunted every pen stroke? All I could think of was, why didn’t I do more to stop this from happening?

My ex-husband’s obituary disclosed his age, place of employment, and his survivors. There was no mention of cause of death, it simply read, Died February 4th in Ohio. We, his family, never revealed he had surrendered his driver’s license because of three DUI’s. Not having wheels hadn’t stopped him. Bob continued his daily one-mile walk to the local bar. But on Friday, February 4, he collapsed and died steps from the swinging door of his favorite watering hole.

Bob’s indistinguishable obit assured us the family secret would remain our secret. Like most families, we hid our truths. But the truth is forever written on the hearts of the enablers who loved their addict to death.

International Overdose Awareness Day is celebrated annually on August 31. Events like this indicate there is a culture shift to openness. According to the IOAD website, the aim of the sponsoring organization is to raise awareness of overdose and reduce the stigma of a drug-related death. They also acknowledge the grief felt by families and friends by remembering those who have met with death or permanent injury as a result of drug overdose. www.overdoseday.com

Through this group and social media, conscious awareness can be shared by the survivors of drug addicts. The truth can be spoken instead of hidden. More and more obituaries are openly listing the cause of death as “drug overdose.”

Here are excerpts from two recent death notices.


There were promising signs, her family says, that Molly Parks had begun to reclaim her life. She’d been in and out of rehab three times in the last year, but after the most recent stint, in November, Parks landed a job delivering pizza in Manchester, N.H. She worked 55 hours a week, trying to save enough money to pay off a used Buick she’d recently purchased using a tax return. After years of battling addictions — first alcohol, then prescription pills, and later heroin — family members hoped she had finally wrestled control of her life away from her demons. “She was here last Monday and she looked great,” her father, Tom Parks, told The Post from his home in Saco, Maine. “But it’s so hard, of course, and she got sucked back in.” Four days after visiting home, her body was discovered in the bathroom at her job. There was a needle stuck in her arm. Molly Alice Parks was dead at 24. www.washingtonpost.com/news/morning-mix/wp/2015/04/22/why-this-father-didnt-hide-his-daughters-heroin-overdose-in-her-obituary/


Our charismatic and beautiful son and brother died Sunday morning from a drug overdose. Clay was the youngest of four children, raised in a loving home in Apex with two brothers and one sister. Outwardly, Clay looked like he had it all: Intelligence, confidence, athletic ability, height, beautiful blue eyes, broad smile, fantastic wit, and the ability to engage and forge a relationship with anyone. Inwardly, Clay was sensitive and had struggles that he hid well from his close and clannish family.

We loved Clay with all of our hearts, but we now know that was not enough to shield him from the world. This note isn’t an attempt to assign blame for Clay’s death. It’s not to vent our anger and frustration at a world where drugs can be ordered and delivered through the internet. We write this obituary in hope that it may provide an insight to those that need to change their behavior one night at a time.

www.legacy.com/obituaries/newsobserver/obituary.aspx?pid=174997814

This year, the International Overdose Awareness Day theme is Rethink and Remember.

One mother I spoke to on the subject of public disclosure admitted she does not remember if she put anything in the paper when her son overdosed. “When I think of the first year after he died, it’s all a blur. I did nothing for a year, and can’t remember anything but playing Farmville which required zero thought process. I was more in total shock and disbelief than anything else. AL-Anon taught me way before I lost him that it wasn’t my fault, and I had nothing to feel shameful about.”

Thinking back over my marriage, I remember believing I had the power to stop my husband from drinking. My manipulative schemes proved me powerless. Over those long fruitless years, I also learned that drug overdose does not always mean sudden. It was decades before his “overdose” claimed his life.

Drug overdose is depression.

Drug overdose is an alcoholic whose heart, lungs, liver, and brain cried, “Enough.”

Drug overdose is intentional.

Drug overdose can never be understood by those of us who entertain different demons.

Drug overdose doesn’t always mean, I can’t believe this happened.

Drug overdose means, it finally happened.

Drug overdose strips the survivors of the family secret.

Drug overdose introduces sister shame and brother blame.

Drug overdose demands the survivors hide.

Drug overdose may jolt the ones left behind into reality. Or not.

On August 31, IODA wants to spread the message that the tragedy of overdose death is preventable. They are asking everyone to provide an insight to those that need to change their behavior one night at a time.

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Addiction and Perspective: Now You See It, Now You Don’t
By Marc Lewis

Addiction is a mental habit: it grows, stabilizes, and gets difficult to reverse. But it’s not permanent. It can be reversed -- with practice. Unfortunately, the good habits that replace it may not be permanent either.

Mental habits become stable and resilient, hard to switch out of, when they are practiced repeatedly. That’s the case with piano lessons, pizza night, bicycling, and heroin. (I don’t distinguish “cognitive” habits from motor habits like bicycling -- they’re all grounded in the same brain.) It’s possible to switch out of one mental habit and settle into another incompatible habit; that’s all well and good. Except that you might switch back into the old habit if you’re not careful. Because the synaptic configuration that held that pattern in place isn’t gone. It’s just been “deactivated.” Synaptic patterns take a long time to fade -- through a process known as synaptic pruning. And the only way that’s going to happen is if other habits are practiced in their place.

Until that occurs, you’ve got these two habitual mental frames; let’s call them drug-wanting and drug-shunning. I recently referred to them as Two You’s in my article in the June issue of The Sober World. http://online.fliphtml5.com/gozp/iarmn/#p=8

They’re incompatible. One disappears when the other takes over. And it’s not hard to switch from one to the other -- either by accident or on purpose.

So here’s another example of rapid (and often unintentional) perspective change: the Necker cube, a well-known optical illusion. Take a look at it:

Pretty, isn’t it? Now try seeing the face that includes the lower left corner as the outer face -- the face facing you. Easy enough, right? Just stare for a while. Get used to it. Then imagine a different orientation: imagine that that face is actually at the back, and the front face is the one pointing up and rightward (and including the top rightmost corner) rather than down and leftward. Can you do it? It might take a while, but if you blink a few times and/or move your head around, you should get it. But it’s delicate -- like early recovery. Blink again... and your former interpretation might spring back to mind, making the second interpretation highly effortful once more.

Of course these two “interpretations” of the structure of the cube are incompatible. They can’t coexist. Just like the you who eagerly anticipates getting high can’t exist at the same time as the you who is in control, centered, and connected to the future. These two you’s are incompatible! But they can switch. So watch out!

Now take a look at this diagram:

This represents, in a very simple way, that each version of the Necker cube can be represented by the same group of neurons. Here there are only six neurons involved -- obviously an unrealistic number. But line (b) is showing us that a different pattern of activation on the same set of neurons projects a different interpretation of the cube.

Now imagine that you have one (much larger!) group of neurons representing the two interpretations you have of your drug of choice: let’s say cocaine-good and cocaine-bad are the two versions. A different pattern of activation on that same macroset of neurons will produce one or the other version. And the two versions can easily switch, as the activation of the neurons shifts, due to... well, due to the way you’re feeling, the way you’re thinking, how much you slept last night, whether or not your dealer just called, whether you had a coke dream recently, whether you just got a raise at work...or lost your job. There are so many factors that can change the way you see and feel about a potent behavior habit that can provide both delight and despair.

In some ways addiction is very complicated. But in other ways, it’s pretty simple. Mental habits can be considered, reflected on, worked with, modified...and they can ultimately be controlled -- with practice. But even when they are under control, a bad day, a momentary shift in perspective, can bring the old version back in a flash.

This was excerpted from Marc’s blog- Understanding Addiction www.memoirsofanaddictedbrain.com/connect/alright-then-addiction-is-like-a-necker-cube/

Dr. Marc Lewis is a Professor at Radboud University Nijmegen, and was formerly at the University of Toronto. To learn more about how brain dynamics influence addiction -- and recovery -- see Lewis’s newly released book, The Biology of Desire: Why Addiction is Not a Disease www.memoirsofanaddictedbrain.com/buy-biology-of-desire/
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THE DEFINITION OF RELAPSE
To talk intelligently about something we must first define out terms. The term “relapse” is often misunderstood. This article carefully defines the word relapse which is widely used in all addiction recovery programs. These are the key points on the definition of relapse that are mentioned in a wide variety of dictionary definitions.

Relapse means …
1. To suffer deterioration in a disease after a period of improvement.
2. To fall back into illness after convalescence or apparent recovery.
3. Suffering deterioration in health after a temporary improvement.
4. To fall or slide back into a former state.
5. To regress after partial recovery from illness.
6. To fall back into self-defeating old ways and habits after making a commitment to change.
7. Backsliding into old and unwanted behaviors or states of health.
8. To fall back into a former state, especially after apparent improvement.
9. A return of a disease or illness after partial recovery from it.
10. The process of falling back or regressing into a state of previous illness and problems.

Language Programs the Brain,
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Think clearly to get results in recovery!

Origin of the Word RELAPSE
The word relapse comes from the Middle English term “relapsen” meaning to forswear -to promise to give up (something) or to stop doing (something). It can also be traced to a combination of Latin words, relb and re. The Latin word relb or relps means to fall back gradually; and the Latin word re means to slide in an uncontrollable way or to slip.

The word relapse results from a linguistic process called “nominalization” which means to describe a process (like loving someone or relating to someone) into a thing (like love or relationship). Relapse is a process of becoming so dysfunctional in recovery that a return to addictive use seems like a positive choice. Relapse is not the event of starting to use. Starting to use is the last step of the relapse process that occurs after many early warning signs indicating the direction in which you are going.

A Cross Walk Between Twelve-Steps and Cognitive Behavioral Therapy
It is very important to do a “cross-walk” between the 12-Step language, including the terms “dry drunk” and “wet drunk.” A dry drunk refers to a person feeling miserable in recovery and being unable to find meaning, purpose, and a sense of peace or well-being when abstinent. A wet drunk means a return to the use of alcohol or other mind-altering drugs. In the language of the Twelve-Step Culture, the relapse process is often described by the idea that “a dry drunk leads to a wet drunk.”

Cognitive Behavioral Therapy presents a similar idea of relapse described in different words. According to CBT, relapse is “the process of falling back into an illness, condition, or habitual behavior problems that end in the act of drinking, drugging, or acting out an addiction or habitual self-defeating behavior.”

The term addictive release refers to the momentary sense of pleasure or euphoria that is felt when retuning to the use of addictive drugs or behaviors. The use of alcohol or other drugs while experiencing some form of an addictive release occurs at the end of the relapse process and marks the beginning of a relapse episode. A relapse episode is a single discreet episode of use or a closely related string of use episodes with no significant periods of sobriety or recovery between each drinking episode. A relapse episode is usually preceded by stressful events or triggers that raise stress and activates old self-defeating and addictive ways of thinking, acting, and relating to other people.

There is distinction between a lapse and a relapse. A lapse is a short term and low consequence episode of alcohol and drug use ended by returning to recovery before serious damage is done. A relapse is a return to a previous state of out-of-control use of alcohol and other drugs usually accompanied by a return of secondary problems related to the addiction and leading to serious damage of life and health.

I believe that we need to go to any lengths to stay clean and sober. In my mind, this means adopting a Twelve-Step Plus Approach that matches the needs of individual recovering people with strong recommendations and encouragement to attend 12-Step Meetings and to participate in other treatment activities such as professional counseling and therapy. Trained and certified addiction professionals supervise treatment activities. Recovering people in the community organize peer-led, peer-supported, and community based programs such as twelve step meetings and secular recovery programs like SMART Recovery and others. Programs like these help to meet individual needs, promote long-term recovery, and uses appropriate relapse prevention methods.

There Are No Wrong Doors into Recovery.
There is No Wrong Treatment or Recovery Activity if it Helps People Live Sober and Responsible Lives Filled with Meaning and Purpose.

Terence T. Gorski is the Founder and President of The CENAPS Corporation. He is an internationally recognized expert on substance abuse, mental health, violence, and crime. He is best known for his contributions to relapse prevention, managing chemically dependent offenders and developing community-based teams for managing the problems of alcohol, drugs, violence, and crime. He is a prolific author and has published numerous books and articles.

Terence is the Director of Relapse Services at the Beachcomber and is Director of The National Certification School for Relapse Prevention Specialists.
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The time has come to UNITE to Face Addiction and stand up for recovery. On October 4, 2015 a transformative event will take place in Washington, DC that will ignite and build a movement to address one of the most pressing health issues of our time. UNITE to Face Addiction is a grassroots advocacy initiative bringing together people, communities, and organizations working on addiction solutions across a wide spectrum. We are coming together to let our nation know that addiction is preventable and treatable, that far too many of those affected have been incarcerated, and that people can and do get well. Addiction cannot be ignored any longer.

Addiction to alcohol and other drugs is an insidious public health crisis impacting more than 85 million Americans. The time has come to UNITE to Face Addiction at a national rally that will transform the conversation from problems to solutions for one of the most pressing issues of our time.

On October 4, 2015 a transformative event will take place in Washington, D.C. that will ignite and grow an emerging national grassroots movement to solve the addiction crisis.

UNITE To Face Addiction is being organized by an independent coalition of national, state, and local non-profit organizations to produce a collaborative and unifying event to collectively raise awareness and reduce the human and social costs of addiction.

Why Now?

Long-term recovery from addiction is a reality for over 23 million Americans, one of our nation's best-kept secrets. Regardless of the paths people have chosen to achieve recovery, their lives and the lives of their families, friends, neighbors, co-workers and communities are vastly improved as a result. They are the living proof that there are real solutions to the devastation of addiction. While recovery from addiction is a reality, more than 350 Americans die from alcohol or other drugs on average each day – some 135,000 people each year – more than who die from either homicides or motor vehicle accidents. Another 22 million Americans are still suffering from addiction and the majority never receive any help.

Where is the national outrage about this needless loss of life, the costs to families and the economy, and more importantly, the demand for solutions? We know that addiction is preventable, treatable, and people can and do get well. Too many of those affected have been incarcerated, and for decades they and others have been afraid to speak up about the failed policies and poor care due to long-standing stigma and discriminatory public policies. And, for too long, a great majority of people connected to addiction have remained silent.

The time is now to break that silence. Greg Williams, National Campaign Manager

Next Steps: Visit www.farronline.org to register. Click the Unite to Face Addiction banner as it scrolls across the top of our landing page. Then register to attend the rally in Washington D.C on October 4th, 2015. It's FREE. Transportation is currently available through Jet Blue for approximately $200.00 roundtrip. Reserve a seat while prices remain low. Low cost lodging is in the works. “More shall be revealed”

Visit www.farronline.org lower right corner to add your contact info to our email distribution list. We'll keep you informed regarding lodging details and high-profile performer highlights as they become available.

Floridians for Recovery, in partnership with Young People in Recovery (YPR) and the Florida Association of Recovery Residences (FARR) are on a mission to build recovery ready communities throughout Florida. This grassroots, peer-led platform is manned by committed volunteers. The 2015 FARR Summit hosted at the Omni ChampionsGate Hotel on August 4th is our launch pad. First stop: the Unite to Face Addiction Rally in Washington, DC October 4th, 2015. Second Stop: We welcome all recovery organizations to join us as we develop the physical spaces where persons in recovery, their families and close friends may congregate to support one another. Florida recovery community organizations (RCO) and recovery community centers (RCC) are the future homes for persons originating from multiple recovery pathways. We join together in celebration and community service. United; we become a constituency of consequence, providing a platform from which lives are saved, families are restored and change is empowered.
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A wise man once said being humble in recovery is just as important as food and water is to the body. A humble spirit is one of the most important characteristics I look for in a person serious about change. And that takes living a life of honesty.

I believe there are three rules of long term recovery: Honesty, Hard Work and Action.

**The first rule is**: Honesty. You need to get honest with everyone in your life especially yourself and the people trying to support you. You have to take a serious look at what you’ve been doing and take personal responsibility for your behavior. This takes honesty and if done right it will bring you to your knees. And this is the humble beginnings of change.

**The second rule is**: Hard Work. It takes hard work to focus on your recovery plan each day. I’ve found the harder you work on your recovery the easier it gets. But let me be quick to point out; at the beginning it’s not easy – it’s simple, but not easy. It takes hard [honest] work. You’ve got to want it for you. Not for your family, your job or anything else. You’ve got to want it for yourself.

This is difficult for some people to understand. Your personal recovery has to come first. You cannot take care of your family if you’re not clean and sober. It will take hard work [personal sacrifice] to work all day at your job, follow your recovery plan and then spend quality time with your family.

**The third rule is**: Action. This is the real power of change. It’ll help you move along the humble road of recovery. We’ve all heard knowledge is power but I believe applied knowledge is real power. The word power means the ability to take action or get something done. So, in order for any of this to be real in your life you have to apply the recovery principles. You have to take action.

Action really does separate the successful people in recovery from the people who struggle. Fear hinders most people from taking the appropriate action at the beginning stage of recovery.

You can start changing today by allowing your higher power to help you overcome Dishonesty, Laziness and Fear with the principles of: Courage, Integrity and Honor.

Some of you have courage, integrity and honor. Most of you have demonstrated lots of courage just to survive the last several years. Many of you were taught by a family member, friend or coach what integrity really means. And some of you lived an honorable life with respect for yourself, your neighbor and family. However, most of you lost your courage, integrity and honor traveling down the road of addiction.

**Courage**: The ability to take positive action in the face of fear, death, pain and difficulty.

**Integrity**: The ability to act in accordance to your own values, morals and ethical principles.

**Honor**: The ability to act respectful toward and be honest with yourself, others and society.

**Courage**

It’s going to take courage to tell your old friends you don’t live that way anymore. For some of you, in order to let go of emotional scars from your past you’ll have to face those bad memories. It takes courage to show your emotions in front of others. Some of you will have to find the courage to face your fears and deal with the issues that may be holding you back. Any coward can run and hide in a bottle or drug.

It takes courage to admit you can’t do this alone and ask for help. Some of you are going to find this hard to do. Cowards don’t ask for help. They think it’s a sign of weakness. Actually it’s the opposite. Strength is always in numbers. Three strings are stronger than one. One stick can be easily broken but five sticks are hard to break. Reach down in the core of your being and find the heart of a champion; the ability to be men and women that will not give up when times get tough.

**Integrity**

Almost everyone struggling with addiction threw their integrity out the window. Some of you had plenty of integrity but lost it to addiction which has a way of making you do things you normally wouldn’t do. I always ask this question to my new clients. Has your behavior and choices over the last few years conflicted with your own morals and values? They all answer yes. When your behavior is inconsistent with your own values you’ll have internal conflict. I call this spiritual cancer.

When you lack integrity your mouth will say one thing and your actions will say another. I encourage you to become men and women of integrity. Do what you say you’re going to do. It’s important to stick to your word. Don’t make excuses and don’t go back-in-forth like an irresponsible person. A wise man once said a double-minded person is unstable in all their ways.

**Honor**

Some of you need to start honoring authority. To be dishonorable is to disrespect the authority in your life. You need to humble yourself before your authorities. If you can do this then you can honor yourself and the important people in your life. Here is a spiritual truth: If you don’t love yourself it’ll be hard to love others. Honor is all about love. If you don’t love yourself you won’t respect yourself and you won’t respect the ones who care about you. Learn how to love yourself.

When I was in the US Marine Corps we were taught to honor God, Country and The Marine Corps. If we submitted ourselves to God (The King) and honored him and served him then we would have a deep love for our country and our fellow Marines. That kind of honor breathes servanthood. Every US Marine understands how deep that honor runs.

You need to start honoring your sponsor, pastor, counselor, parents, probation officer and any authority in your life. Submit yourself to them and serve them with humility. Be honest and respectful with your spouse and your children and serve them with all your heart.

I wish above all things that you decide today to live your life with courage, integrity and honor through hard work, honesty and action.

Dallas entered the addiction field in 1994 and has worked in outpatient, medical detox, inpatient rehab, a psychiatric hospital and a residential drug treatment center. He has also served in the positions of: program director, clinical supervisor and addiction counselor. He currently works at Penfield Christian Homes, a licensed residential drug treatment program and ministry of the Georgia Baptist Convention.

Dallas has a Master’s degree in counseling and is a Certified Alcohol and Drug Counselor. He is also the author of two books: Midbrain and The Beast and The Addiction Recovery Workbook: A Simple Guide to Long Term Sobriety. He can be contacted at: www.dallasbennett.com
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MOST of us are partial to the odd guilty pleasure, whether it’s a sugary treat or an occasional glass of wine. Or perhaps your secret vice is to peep at Facebook while you’re at work, or maybe you indulge in retail therapy by shopping until your drop? Most of the time it’s probably harmless, but for some people life’s small indulgences can easily escalate into a full-blown addiction. Interestingly, the urge to consume more – whether it’s food, sex, or alcohol and drugs – affects everybody from time to time. Very few people are completely immune – all of us exist somewhere on the addictive spectrum – but for most of the population it doesn’t cause serious problems. However, for a sizable proportion – perhaps as many at 10 per cent – addiction has the potential to become a serious affliction. These are the people I call ‘addicts’, even if they may not currently be in the throes of an active addiction. Instead, the condition might be dormant. I believe that we can become addicted to almost anything with the power to alter our moods – and this can include ‘processes’ such as shopping or exercise as well as substances. People become addicted to something because they are trying to change the way they feel. Here are a few clues that might reveal whether or not this applies to you:

ARE YOU SENSITIVE? If deep down inside you are emotionally sensitive it can open the door to addiction. I believe addicts are born with a pre-disposition to be hyper-sensitive to life’s trials and tribulations.

ARE YOU A WATCHER? - Addicts are often highly intelligent people who work in the creative spheres of life. They have a gift for watching what’s going on around them and they are super-attuned to danger, but they struggle with the feelings this creates.

ARE YOU A PERFECTIONIST? - Many addicts are high achievers. This may be because their self-esteem is reliant on being seen to do well in order to feel good, instead of having an inherent sense of self-worth.

ARE THERE CLUES IN YOUR CHILDHOOD? - If you experienced emotional trauma during childhood – this could be overt, hidden or seemingly minor – then it can become locked in your brain's limbic system and make you highly susceptible to addiction in later life. A good way to find out if you’re using something in an addictive way is to ask yourself a very simple question: does it cause you consequences you’d rather avoid? If the true cost includes damage to your health, or to your relationships or to your self-esteem (or to your work or anything else), then it might be time for a wake-up call.

David Smallwood is a leading therapist who previously managed the addiction unit at the Priory Hospital North London and he is currently Treatment Director at the One40 Group in Harley Street. His new book, ‘Who Says I’m An Addict’ was published in June by Hay House.
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LIVING BEYOND
A Monthly Column By Dr. Asa Don Brown

YOU ARE NOT ALONE

“It’s often just enough to be with someone. I don’t need to touch them. Not even talk. A feeling passes between you both. You’re not alone.” ~ Marilyn Monroe

As a clinician, I have heard my patients express countless times feelings of hopelessness, desperation, and isolation. Those who struggle with addiction frequently express feelings of isolation, emptiness, and abandonment. The feelings, emotions and expressions of isolation are not rare, but they are an indication of how controlled the person is by his or her addictive habit. It is rare for someone to develop addictive habits without having a psychological trigger, issue, or diagnosis.

THE PERCEPTION OF AN ADDICTION

“Every form of addiction is bad, no matter whether the narcotic be alcohol, morphine, or idealism.” ~ Carl Gustav Jung

While someone may have a psychological condition ranging from an acute issue to a chronic one; this is not an indication that they will develop an addictive habit. However, for those who are struggling with a psychological issue, or are predisposed to additions; the pathway to an addiction is made readily clear. For a vast number of individuals, the chosen addictive habit is a way of finding freedom from the outside world. It provides a perceived shelter from life’s hardships and struggles, but the truth is it only compounds them. All-to-often, the addiction itself creates a barrier between the person and those who genuinely care for them.

It is important for the family and friends of the individual struggling with an addiction to show genuine empathy, compassion and care. All-to-often, those who are struggling feel isolated from the outside world; this perception may be false or authentically true. The person struggling with an addiction may be abandoned by their families, friends, religious affiliations, work colleagues, and/or other social networks. It is of the utmost importance that those who are struggling with an addiction be provided authentic support and unconditional love. As a society, we often abandon those who need us the most.

Always remember that the person struggling with an addiction is not an addict, rather he or she is struggling with an addictive issue. As a society we have become so accustomed to labeling an individual with a psychological condition rather than treating it as we would any other medical or physiological condition. The addiction is no different from any other acute or chronic physiological condition (e.g. broken arm, a cancer, bruxism, myopia). It is critically important that we never label the person struggling with psychological/psychiatric conditions, rather treat the individual’s diagnosis as we would any other physiological condition.

THE GOOD NEWS

“The time you feel lonely is the time you most need to be by yourself.” ~ Douglas Coupland

Those who are struggling with an addiction are not alone. While it may be unpopular to say, a majority of our society struggles with some form of an addiction. The addiction itself is no more than a control. Whether the control is based on my perceptions, or they are undoubtedly real; it is a way of controlling one’s life and/or the life’s of others. Addictions come in an array of habit forming issues, rationales and reasons. For someone struggling with an

Obessive Compulsive Disorder, OCD is nothing more than an addictive issue out of control. As someone who has struggled with features of OCD; I have found that I tend to become more compulsive when my perceptions are that I have lost control of my world. While I have had features and characteristics of OCD in the past, I have honestly found that the more that I have learned to unconditionally accept, approve, and love my person; the less I have struggled with the features and characteristics of OCD.

The good news is we are not alone. Everyone on this planet struggles with something, but the struggle is no more than an obstacle begging you to go around it. The habits we form can be for our benefit or they can weaken us. Even the good habits can become negative; but if we keep our personhood in check, then they too will remain healthy.

DEVELOPING POSITIVE HABITS

“Cultivate only the habits that you are willing should master you.” ~ Elbert Hubbard

Developing positive habits begins by living an unconditional lifestyle. What is an unconditional lifestyle? If you have an unconditional love for your own person, or another, then there are no limits, conditions, or stipulations whereby the love ceases. Again, if you have an unconditional love for another, the love will never cease. While we may dislike something that we have done or considered doing; we should never cease loving, accepting, and approving the worth of our person. We will not always like our own person, but we should always love our own person.

If I place a condition on another, then I am saying that I will only love you, approve of you, and/or accept you as long as you meet these conditions. Whereas, if I have an unconditional lifestyle, then I am saying no matter what, I will continue loving you, approving of you and accepting you as a person. Please note, we do not always have to approve of a person’s deeds, character, or habits, but if we have an unconditional spirit, what we are approving, accepting, and loving is the person themselves. Sometimes it is hard to like a person that we love. Moreover, it is sometimes very hard to like our own person when we are acting egregiously. Most importantly, we should never cease loving, accepting, or approving the essence of our personhood.

Personally, I have found that the moment that I eliminated the conditions, was the moment that I began living life. I no longer worried or fretted about the perceptions of others. I began not only placing less conditions upon my own person, but lifting the conditions that I had placed upon others. Likewise, my feelings of hopelessness, desperation, isolation, emptiness, and abandonment began to dissipate. When we learn to love, accept, and approve our own person unconditionally, then we will know how to share these unconditional features with others.

Always remember, if I place conditions upon myself, then I will only love my person up to the intended condition. Living an unconditional lifestyle is living a life of no worries (Hakuna Matata!). If I fall, then I should get up and dust myself off. If I fail, then I should try again. If I stumble, watch for the next obstacle. Life should be lived in an unconditional spirit. Always remember that you are not alone.

May you begin living beyond.

Dr. Asa Don Brown

Author: Asa Don Brown, Ph.D., C.C.C., D.N.C.C.M., F.A.A.E.T.S.
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Life’s Onion is a handheld, onion-shaped device with 12 pliable peels. When the peels are unfolded they become petals and the onion transforms into a flower. The basic idea is that clients can record their goals and achievements on the actual peels, converting them to flower petals as progress is achieved.

The goal of Life’s Onion is to be a tangible tool for clients and counselors. The use and outcome is limited only by one’s imagination. As a counselor myself I have been using Life’s Onion in an addiction rehabilitation setting for the past two years. With the incorporation of Schema Therapy the objective for this particular Life’s Onion group is to help clients identify their core issues and begin to understand their maladaptive behaviors, many of which include addiction and codependency issues. For some clients the change could be smoking cessation, sobriety, reducing and eliminating self-harming behaviors, exploring forgiveness and identifying triggers. Once clients are able to engage in their own recovery. Clients stated they experienced improvement in their anxiety levels, impulse control, racing thoughts, anger, shame, fear, and guilt. Many clients were able to work through and begin to deal with resentments, some of which they did not know they had been carrying around for years. It is the clients’ own words that support that there is something special happening in this group.

One Life’s Onion user stated, “It will be a daily reminder of my journey through treatment, self-reflection, growth, and continued success in life.” It is not often that people have a visible reminder of their growth and achievements outside of the therapeutic environment, and this was clearly the creator’s goal.

Life’s Onion incorporates elements of journaling, art therapy, Cognitive Behavior Therapy and Schema Therapy. The tool can be used by an individual or with any therapeutic modality or style. In addition to the tool itself, there is a full package of support materials designed to integrate Life’s Onion into existing programs. After more than 3 years of research, development and field trials, Life’s Onion is now being made available to the public.

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MESSAGE TO AMERICA’S CONSCIENCE: THE TIME IS NOW TO FACE ADDICTION AND STAND UP FOR RECOVERY
By Beth Wilson

One in every third house on each street in America is impacted by addiction.

Addiction shows up in a dad, mom, child or other family member as alcoholism or substance use disorder. It touches everyone living in the home and then travels to their respective jobs, schools and social interactions of each of those family members.

Each time addiction moves to a new area, it causes chaos. In the workplace, for example, it is the leading cause of absenteeism and presenteeism (at work but distracted), according to the Coalition for Whole Health.

Addiction often ends up parked at the doors of our community institutions—most often hospitals and jails—but sometimes morgues. The Coalition for Whole Health says the cost of alcohol- and other drug-related hospital stays in 2006 was $12 billion.

Combined direct and indirect economic costs for alcohol and other drug use are close to $350 billion per year, according to the Substance Abuse and Mental Health Services Administration (SAMHSA).

Clearly, addiction is a healthcare issue of great significance, yet the public conversation about addiction and its better companion, recovery, is seldom discussed in frank and open conversations. Why?

Because most Americans still think addiction is a moral weakness or a pitiful individual failure.

Even when people find recovery from addiction, as 23 million in America have, they still often face discriminatory housing, education or employment practices. That’s why their recovery is one of our country’s best-kept secrets.

They just don’t feel accepted outside of the rooms of their respective 12-step programs. Consequently, many people feel like they live double lives—their daytime, “public” lives and their nighttime and weekend “real” lives.

These people in recovery from addiction, along with their families, friends, neighbors, co-workers and communities are solid proof that there are solutions to the devastation of addiction. Yet many still live in shame and fear of being discovered.

In addition to the 23 million who have found a solution, there are another 22 million still desperately searching for a way to get well.

Far too many don’t make it. More than 350 people die every day—about one every four minutes—from a drug overdose or alcohol-related event. Where is the national outrage about this needless loss of life, the costs to families and the economy, and more importantly, the demand for solutions?

Too many of those affected have been incarcerated; they face their own persecution. They and others are afraid to speak up about the failed policies and poor care due to long-standing stigma and discriminatory public policies. They are not recognized as a political force because politicians assume they don’t vote and, indeed, many have had their voting rights revoked. For too long, a great majority of people connected to addiction have remained silent.

The time is now to end that silence.

The time has come to face addiction and stand up for recovery. On October 4, 2015 a transformative event will take place in Washington, DC that will ignite and build a movement to address one of the most pressing health issues of our time.

The UNITE to Face Addiction rally is being organized by Facing Addiction, Inc., a 501(c)3 organization dedicated to finding solutions to the addiction crisis, as well as an independent coalition of national, state and local non-profit organizations.

Why now and why DC?

• To build on greater acceptance of treating alcohol and other drug problems as health issues
• Across the political spectrum, understanding that current rates of incarceration, including for alcohol and other drug related offenses, can’t be sustained
• A growing recognition of the impact of discrimination toward people with substance use disorders and the importance of dismantling legal and societal manifestations of discrimination
• A sense of urgency over the current opiate overdose crisis
• Recognition that although harm reduction strategies and services save lives and provide a bridge to treatment and recovery for many, most Americans do not have access to them
• Recognition that despite the fact that recovery from a substance use disorder is possible through many means and many pathways, too many Americans lack access to the individualized treatment and other recovery support services they need to get their lives on track
• Need for effective implementation and enforcement of the Mental Health Parity and Addiction Equity Act to insure access to care for people seeking addiction prevention, treatment, and recovery support services
• A man in long-term recovery is the Director of the White House Office of National Drug Control Policy (ONDCP)
• Non-Presidential election year
• The success of The Anonymous People film, fostering an expanding interest in advocacy
• A new era and interest for collaboration at the local, state and national levels

Our message is simple: We know that addiction is preventable, is treatable, and that people can and do get well.

The more people who can join us in DC, the louder our voices will be and the easier it will be to reach out to America’s conscience.

For more information, to volunteer and to sign up to go to DC, visit www.FacingAddiction.org. See you in DC!

Beth Wilson is the Director of Digital Content for Facing Addiction

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In May 2007 Boston University School of Medicine published an article in the Journal of Alternative and Complementary Medicine saying they had MRI imaging showing as few as one yoga session elevated a person’s GABA levels. GABA, Gamma-Aminobutyric Acid, is our body’s inhibitory neurotransmitter that sends a message to our nervous system to relax. In a sense it’s our body’s natural anti-anxiety medication. When we’re anxious, our body sends signals to our brain alerting it. The brain then responds in an attempt to bring balance by releasing GABA. For those who suffer from chronic worrying, social anxiety, OCD, panic attacks, PTSD, generalized anxiety, and even depression, GABA is a very helpful neurotransmitter which may be lacking for those individuals. The addiction community is familiar with GABA through Xanax, Klonopin, and other benzodiazepines that are often abused. It is hard for us to know what is truly going on in each person’s brain but one can hypothesize that individuals with anxiety disorders may be deficient in GABA, or maybe their brain is not releasing enough to compensate for their level of emotional arousal. Either way they are not getting enough GABA. Interestingly enough, GABA is also one of the primary neurotransmitters that alcohol releases.

I’m sure we have all heard, or said, “I just need a drink to take the edge off.” What they are really saying is, “I just need some GABA to take the edge off.” GABA helps loosen us up, relax, open up, and stay grounded. In times of stress it is a key factor in helping us stay balanced, something addicts struggle with. They also are notorious for having a fragile stress tolerance and poor affect regulation, so when there isn’t balance, they are stressed. Every emotion, even the positive ones, can be sources of stress for these individuals. Addicts not only struggle managing emotions but their window for tolerating emotions is diminished, throwing them into emotional flooding faster and easier than others with a stronger stress tolerance. In my practice, a majority of the alcoholics I work with carry around excess anxiety, fear, worry, insecurity, and restlessness, and often turn to alcohol to provide the GABA to help tolerate their stress. Unfortunately though this only makes matters worse.

Alcohol actually depletes our GABA reserves, draining it and flooding us with a potent release of the chemical. If this is repeated over time, the brain actually becomes deficient in GABA, so when alcohol is not in their body they have higher anxiety. If this time of heavy drinking starts at a young age while the brain is still developing then it can possibly impact the brain permanently. The brain comes to expect the user to provide it with this external source of “GABA” so it stops replenishing it on its own. So the vicious cycle for most alcoholics is they drink to feel better, which depletes them, when sober they feel bad, so they drink to feel better, and so on, and so on. It is it any wonder by the time people enter into recovery why they might have depression or anxiety? If they didn’t have it before they most certainly can now. So what do we do about it?

It’s easy to jump to medications in these situations. Xanax, Klonopin, and Ativan are just a few of some commonly used anti-anxiety medication. While medication has its place, many people in recovery come from a history of being wrongly diagnosed, over medicated, under medicated, and passed around so they can be reluctant. Not all doctors are educated on addiction and can easily make the mistake of prescribing a medication that can be abused. Not all fault falls on the professionals however, addicts are gifted manipulators after all. Needless to say, many people in recovery are skeptical of medication and often seek alternative ways of healing.

You can actually go to your local health food store and purchase the amino acid GABA in a pill or dissolvable form. Some people do find relief from amino acids; however they have a hard time crossing the blood brain barrier so not everyone does. Reading any one of Julia Ross’ books can get you a great deal of information on amino acids, diet, and incorporating them into recovery. With that said, most of the research I have read says amino acids are best absorbed intravenously, which is an issue for most people. Now you can see why the findings by Boston University are so significant for people in recovery.

Alcoholics can not only activate but elevate the exact same neurotransmitter they love getting through alcohol. Alcohol beats up on their GABA system making it worse, in turn creating or exacerbating a GABA deficiency, and yoga is scientifically proven to elevate GABA. Not only does it elevate GABA, but it does so without all the negative side effects of alcohol. You can’t get a DUI from yoga! Not only does yoga help increase GABA, it also teaches tolerance, compassion, mindfulness, and self care. All of which can be extremely healing for alcoholics with a busy mind, excessive guilt, and constant shame.

Some of you reading this might be resistant to the idea of yoga. Be open, there are many different types and levels. Ask yourself what lengths you want to get intoxicated? Is yoga anywhere near some of those lengths? Probably not. Since many addicts come to me depleted, exhausted, beaten down, dwelling on the past and obsessing on the future, I recommend they start with a restorative yoga first. Learn the fundamentals about just being and relaxing. Sometimes the advanced classes can bring up more anxiety, feelings of inadequacy, and discouragement. With clients that have a competitive nature I tell them to check their competitive spirit at the door. It is not about being the best, even teachers that have been doing yoga for a long time will call themselves practitioners because they are always learning. I challenge you to incorporate this in your life and feel the benefits it has to offer. Yoga has been an integral part in my own self-care.

Curtis Buzanski is a licensed therapist and addiction counselor from Sacramento. Trained in EMDR as well, his focus is primarily working with dual diagnosis clients and their families. He has been in the addiction field for 17 years beginning a year after he entered recovery himself. He is passionate about attachment theory, interpersonal neurobiology, and developmental psychology and the connections they make with addiction. In addition to a full time private practice he is an Adjunct Faculty with The University of San Francisco teaching graduate level courses in their Marriage and Family Therapy program.
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DOPAMINE – THE SINGLE MOST IMPORTANT WORD YOU’VE NEVER HEARD OF
By John Giordano DHL, MAC

Continued from page 8

food is that sugar can be addictive. Dr Blum says it only takes a matter of minutes from the time sugar touches the tongue to the time it begins to influence the reward system. Sugar affects the brain in the same way as heroin, causing a flood of Dopamine in the reward circuitry. The ensuing feeling of euphoria one gets is also similar to heroin although not as intense.

Dopamine is not always about fun and games and enjoyable moments. It also acts as – and is often referred to – the anti-stress molecule. Stress occurs when the brain perceives a situation as disagreeable or dangerous. It’s a response to harmful, threatening, or challenging events or stimuli. When the brain perceives a threat, it activates the “flight or fight” system; one of our primitive survival modes encoded in our DNA. In turn, the brain releases Dopamine and stress hormones to ready for the challenge. When a danger finally passes or the perceived threat is over, your brain initiates a reverse course of action that releases a different bevy of bio-chemicals throughout your body. Depending on the assessed long-term impact of the threat, it can take anywhere from half an hour to several days before you return to your normal resting state.

There are three types of stress: acute, eustress and distress. Acute stress occurs rapidly and often can feel severe. Perhaps the best way to describe it is receiving an ‘end of day’ deadline in the middle of the afternoon. Although nerve-racking at the time, there is no long-term damage.

Eustress is often considered ‘good stress.’ It’s the type of stress that helps us put our feet on the floor in the morning ready to meet the day’s challenges. In combination with Dopamine, eustress aids in our ability to learn. It’s usually short-term and actually releases some of the ‘feel good’ chemicals including dopamine. A good example of eustress would be the feeling you get when you’re working towards goals or competing in sports. Eustress is not considered dangerous and has little to no side effects.

Distress on the other hand is long-term and has the potential to be very unhealthy. This occurs when someone is unable to adapt to stressors. People in distress cope in both negative and positive ways. Regardless, distress is unhealthy, is known to cause type 2 diabetes, create and/or contribute to heart conditions, damage the brain and connectivity and increase ones susceptibility to addiction. Clinical investigation has confirmed that stress contributes to the development, maintenance, and outcome of substance use disorders.

As you can clearly see, distress can wreak havoc on your brain. Everyday stress depletes your stores of dopamine and serotonin. Considering theamped-up lifestyle we lead where no one is immune to stress, dealing with its effects in a positive way is a must if we intend to maintain good mental health. Anyone who has read any of my past articles knows that I’m an advocate of healthy diet and exercise. Over my nearly thirty-year career in holistic addiction treatment I’ve reviewed a mountain of research. What I’ve found is that the twin common threads that leads to a healthy body and mind is none other than a healthy diet and exercise. However there is a caveat.

The unfortunate reality in our fast-paced lives is that it is nearly impossible to get all of our nutritional requirements from the food available for us to eat. Sure everyone eats enough to get their daily calories but what about the all important vitamins and minerals our body and brain needs. Scientific research has shown that certain amino acids are essential for a properly functioning brain. Deficiencies in amino acids can contribute to chronic illnesses, anxiety, depression, blunted alertness, shortened attention span, learning deficiencies, memory loss and general bad mood.

It is for these reasons, and the lack of quality amino acids available on the market, that lead me to formulate my own supplements designed to improve mental health. My signature nutraceutical, Mental Clarity, has been shown to improve cognition, memory and energy while minimizing emotional responses to stress. In addition I’ve also formulated other high quality amino acid supplements that support healthy brain function and balance to your neurotransmitters including: Tyrosine for effective Dopamine production and utilization, Tryptophan the precursor to Serotonin, a special Anti-Stress formula designed to calm your edgy nerves and a host of others.

It goes without saying that with over 100 billion neurons the human brain is a very complex and delicate instrument. Every second there are more than 100,000 chemical reactions in your brain. In fact, if you’re an average adult that reads prose text at 275 words per minute, than in the time that it took you to read this far into the paragraph, your brain processed over a million chemical reactions. It can be a bit overwhelming, but I bring you this information so that you can grasp the complexities that we generally don’t think about and to expose the risks to our mental health and wellbeing that we face everyday. We live in an age where I believe the environment is changing faster that we are able to adapt. That being said, I no longer think we can take our mental health for granted and must be pro-active and take control of our own well-being so that we can achieve homeostasis and enjoy our lives to the fullest.

You can find all of my specially formulated nutraceuticals on my website www.lasertherapyspa.com

John Giordano DHL, MAC is a counselor, President and Founder of the National Institute for Holistic Addiction Studies, Laser Therapy Spa in Hallandale Beach and Chaplain of the North Miami Police Department. For the latest development in cutting-edge treatment check out his website: http://www.holisticaddictioninfo.com
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I applaud the many treatment centers in America that provide a neuro-scientific approach using evidenced based modalities to enhance clinical outcome in their respective patients. From what I’ve gathered speaking with the facilities, the cost/benefit ratio appears to be well worth the investment.

Not to be ferocious or even slanderous, but it is well known that many treatment centers and pain pill mills are more concerned with financial gain than successful outcomes for their patients. A quick Google search for “addiction treatment profiteers” or “addiction treatment profits” will open your eyes to just how unscrupulous some of these operators can be. Addiction treatment on a whole is a $35 billion dollar industry that is attracting many investment bankers and other purely profit-motivated individuals.

Regardless of their business model, an unacceptable number of treatment centers fail at providing an effective aftercare program. As I mentioned earlier, addiction is regarded as a chronic but treatable disease. My question to the entire treatment arena is: in light of the evidence of the genetic and epigenetic aspects of addiction, would they also embrace methods that could promote “dopamine homeostasis”? These known therapies could include meditation, yoga, dopamine boosting recovery diets (Malibu Beach recovery diet cookbook), exercise, hyper-oxygenation; heavy metal detoxification; leaky gut restoration and certain nutraceuticals.

In an invalidated survey involving hundreds of treatment centers it was found that less than 10% employ these known holistic tactics in their aftercare programs. While the number seems to be increasing and many programs now teach these relapse prevention skills there is no inclusive aftercare program. While the number seems to be increasing and many programs now teach these relapse prevention skills there is no inclusive aftercare program consisting of the following: Genetic Addiction Risk Score, Comprehensive Analysis of Reported Drugs (CARD), Dopamine Agonist Therapy (KB220z etc.), Pre/post mRNA analysis of gene expression, many holistic and psychological additions (yoga, dopamine boosting foods, meditation, trauma therapy, brain spotting etc.), 12 step programs and traditions.

Regardless of their business model, an unacceptable number of treatment centers fail at providing an effective aftercare program. As I mentioned earlier, addiction is regarded as a chronic but treatable disease. My question to the entire treatment arena is: in light of the evidence of the genetic and epigenetic aspects of addiction, would they also embrace methods that could promote “dopamine homeostasis”? These known therapies could include meditation, yoga, dopamine boosting recovery diets (Malibu Beach recovery diet cookbook), exercise, hyper-oxygenation; heavy metal detoxification; leaky gut restoration and certain nutraceuticals.

In summary, we must provide scientifically-based real care for the millions seeking addiction treatment in America wherein aftercare becomes as important as initial detoxification for the patient seeking to be free of their unwanted addictions. The new addiction treatment landscape should stand for enhancing the quality of life during recovery and “redeeming joy” by finding ways to induce needed dopamine homeostasis and normalcy.

**CONFLICT OF INTEREST**

It is acknowledged that Dr. Blum is the owner of US and foreign patents related to KB220Z a nutraceutical shown to reduce drug and alcohol withdrawal, reduce stress response in patients in recovery, enhance focus in healthy volunteers, reduce craving for alcohol, heroin, cocaine, nicotine, reduce inappropriate sexual behavior, reduce post-traumatic stress (PTSD) symptoms such as lucid nightmares and significantly reduce relapse rates following intravenous administration.

In addition, Dr. Blum is paid consultant and stock holder of RDSS LLC. Reward Deficiency Solution System, a complete and all inclusive aftercare program consisting of the following: Genetic Addiction Risk Score, Comprehensive Analysis of Reported Drugs (CARD), Dopamine Agonist Therapy (KB220z etc.), Pre/post mRNA analysis of gene expression, many holistic and psychological additions (yoga, dopamine boosting foods, meditation, trauma therapy, brain spotting etc.), 12 step programs and traditions.

Dr. Blum is a paid consultant of Rivermend Health, Atlanta Ga. and Victory nutrition International LLC, the Chief Scientific Advisor of Dominion Diagnostics, LLC and owner of Igene Inc. There are no other known conflicts.

**CREDENTIALS**

Kenneth Blum, B.Sc. (Pharmacy), M.Sc., Ph.D. & DHL; received his Ph.D. in Neuropharmacology from New York Medical College and graduated from Columbia University and New Jersey College of Medicine. He also received a doctor of humane letters from Saint Martin’s University Lacey, WA. He has published more than 550 abstracts; peer-reviewed articles and 14-books. Dr. Blum has been the recipient of many NIH grants and numerous awards including the prestigious Life-Time Achievement in Addiction Medicine from The Holistic Institute of Addiction Studies and The Presidential Award for Scientific Excellence from National Council of Alcohol & Drug Abuse Counselors. Currently, Dr. Blum is serving as Editor-In-Chief of “Journal of Reward Deficiency Syndrome” and co-Editor-In-Chief of “Journal of Neuroimaging in Psychiatry and Neurology” and is on 7 prestigious journal editorial boards. Prof. Blum is also a founder President of USG and founder President of USG Editors Association (USG EA). For more information or to contact Dr. Blum, please visit: www.blumsrewarddeficiencysyndrome.com

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CHILDHOOD ISSUES IMPACT THE COMPLEXITY AND CAUSE OF SUBSTANCE DEPENDENCE

By David M. Kolker, J.D., LCSW

Continued from page 36

You and the onion concept have literally allowed me to learn how to begin a new life. Thank you for allowing me to see me. I have lived as a child for 40 years but no more. I look forward to continuing the onion concept and therapy.

The group members also appeared to bond more quickly than usual as they had a common means to achieve their individual goals. One group member echoed this sentiment by sharing:

In the group I ended up with, we all became a tight knit community in the fact that we had respect and love for each other that made for a great atmosphere.

Several main areas were assessed from the first Life’s Onion groups including issues impacted, effectiveness of the tool, and post discharge advantages. A survey of 55 participants yielded positive results. All of the clients surveyed stated that Life’s Onion improved their coping skills while 85% felt less shame and have fewer obsessive thoughts. Additionally, 65% of clients had a reduction in anxiety and stress, 100% of clients surveyed stated Life’s Onion will help with their recovery process and relapse prevention, and 75% of clients surveyed felt Life’s Onion will assist them post discharge. Although in its infancy, this study of 55 participants yielded encouraging results. In addition to the success of the onion ‘in group,’ we noted that a number of other benefits have also been recognized:

Patients were observed using the Life’s Onion tool as a tangible reminder of their progress. What’s more, they reported elevated feelings of self-esteem, confidence, and insight. Life’s Onion also helped our therapists with treatment planning and engaging more meaningfully with their patients. The tool supported the therapeutic alliance and could even be used as an intervention tool for families and support communities.” (Alan Goodstat, Personal Communication, February 15, 2013)

The physical, palpable nature of the onion is also a big part of its allure. There are not many physical, interactive therapeutic tools available and Life’s Onion is unique in that it incorporates aspects of journaling, CBT, schema and art therapy. It is not often clients have a visible reminder of their growth and achievements outside of the therapeutic environment.

This is not the end of the work for these clients, it is only the beginning. The Life’s Onion group planted a seed and offered guidance on how to make it grow. Obviously, no tool, method, or program is a “magic solution” that will instantly cure a person’s addiction or behavioral disorder. However, when a client is willing, when they are ready, when they are eager to find out what has caused their irrational thinking and maladaptive behaviors they will continue peeling away the layers to discover their true healthier selves. In the words of another client from the 2014 program exit survey:

The Onion Group has allowed me to peel off the old toxic me and allowed me to find the beautiful me I didn’t see or know.

They will discover that when they peel back the petals, a beautiful flower is revealed. Clients will learn the art of shedding, peeling away the layers, and reaching the pure, still center.

For more information, visit www.lifesonion.com

Patty Mohler is a Licensed Mental Health Counselor in Jacksonville, FL. She obtained her Master in Clinical Mental Health Counseling from the University of North Florida (CACREP certified). Patty did her practicum and internship at Hubbard House and a federal agency, specializing in domestic violence. She is currently an addictions therapist at Lakeview Health, is a SMART Recovery facilitator and owns her own private practice. She is specializing in trauma, loss and grief. Patty believes every individual should have a voice and be heard. She will devote her practice to helping individuals bolster their self-esteem, find their passion, and be inspired to create the life they want. www.lakeviewhealth.com
The real cost in starting a High Complexity LC-MS lab is the opportunity cost if you don’t do it right.
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