

# SOBER WORLD

PALM BEACH / BROWARD COUNTY • JULY 2014 • VOLUME 3, ISSUE 7



IN MEMORY OF STEVEN



**PAINKILLERS THAT KILL - A SILENT INJUSTICE  
REFLECTIONS ON 24 YEARS**

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ON ADDICTION**

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THE ETIOLOGY AND DEVELOPMENT OF SUBSTANCE ABUSE  
AND DEPRESSION IN ADOLESCENT GIRLS - PART 2  
SELF ESTEEM: HOW MUCH DO YOU REALLY NEED?**





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Dear Readers,

I welcome you to The Sober World magazine. This magazine is being directly mailed each month to anyone that has been arrested due to drugs and alcohol in Palm Beach County. It is also distributed locally to all Palm Beach County High School Guidance Counselors, Middle School Coordinators, Palm Beach County Drug Court, Broward County School Substance Abuse Expulsion Program, Broward County Court Unified Family Division, Local Colleges and other various locations. We also directly mail to many rehabs throughout the state and country.

We are expanding our mission to assist families worldwide in their search for information about Drug and Alcohol Abuse.

Our monthly magazine is available for free on our website at [www.thesoberworld.com](http://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](mailto: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.

Doctors continue writing prescriptions for drugs such as Oxycontin, and Oxycodone (which is an opiate drug and just as addictive as heroin) to young adults in their 20's and 30's right up to the elderly in their 70's, thus, creating a generation of addicts.

Did you know that 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 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.

These groups allow you to share your thoughts and feelings. As anonymous groups, your anonymity is protected. Anything said within those walls are not shared with anyone outside the room. You share only your first name, not your last name. This is a wonderful way for you to be able to openly convey what has been happening in your life as well as hearing other people share their stories. You will find that the faces are different but the stories are all too similar. You will also be quite surprised to see how many families are affected by drug and alcohol addiction.

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](http://www.thesoberworld.com).

We are also on Face Book at <http://www.facebook.com/pages/The-Sober-World/445857548800036> and Steven Sober-World.

I want to wish everyone a Happy July 4th.

Sincerely,

*Patricia*

Publisher

[Patricia@TheSoberWorld.com](mailto:Patricia@TheSoberWorld.com)



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# PAINKILLERS THAT KILL – A SILENT INJUSTICE

By Dr. Fred J. Von Stieff

A nightclub fire in Brazil leaves 242 college students dead and it makes worldwide news, as it should. Overdoses on opiate painkiller medications take the lives of over 25,000 individuals every year. Where is the media coverage?

Amidst feelings of grief, confusion, and even unfounded guilt, this silent injustice leaves families with many unanswered questions: *How did this happen? Why did this happen? Who is to blame?*

The latest research in the field of chemical dependency reveals answers that will destroy the stigma associated with drug-overdose on Opiate medications. Contrary to common belief, the individuals addicted to painkillers are often intelligent, moral, well-respected individuals that many would never guess struggled with addiction.

## Why overdose is so Common

After the slippery slope of addiction is embarked upon, overdose is all too easy due to various dangerous characteristics of opiates.

Many people start out taking these opiate medications for pain management or recreational use. As opiate medications are taken, the beta-endorphins (the body's natural pain-fighting opiates) gradually shut off and receptors become disabled, increasing tolerance. The individual then increases dosage to remain functional and appear normal, keeping one step ahead of painful withdrawal. As the number of pills increase, the concentration of opiates in the blood stream reaches toxic levels, making the risk of overdose more likely. With their judgment and insight impaired, it becomes difficult to accurately keep track of how many pills have already been taken, making overdose all too easy.

Additionally, another serious danger to this addiction is the inconsistent strength of opiate drugs. An individual might take ten pills one day and ten pills the next day and the strength may vary greatly. This is yet another reason accidental overdose is so common. One mistake can all too easily cost a life.

## Why Addicted?

Individuals readily became addicted to opiate medications for a combination of reasons: genetics, conditioning, neurochemical response, and avoidance of withdrawal.

Genetic predisposition towards addiction is a reality that many face. Within our genetics are the instructions to how our brain develops, including details that determine each individual's inherited amount of neurotransmitters.

Neurotransmitters are the chemical messengers that cause us to experience various feelings and sensations. Each person is born with innate levels of each kind of neurotransmitter. Some are born with deficiencies in these levels.

The opiate neurotransmitter system is the strongest out of all the eight neurotransmitter systems involved in chemical dependency. Painkillers directly stimulate the opiate system, which in turn stimulates the GABA and dopamine neurotransmitter systems. GABA gives a sense of calmness. High levels of Dopamine are extremely pleasurable and euphoric. All this stimulation resulting from painkiller use adds up to be very addictive, especially for individuals born with an imbalance in one or more of these neurotransmitter systems.

As an addictionologist and Medical Director of a detoxification unit in California, I daily detoxify patients off of prescription opiate drugs. There are three groups of people that most often fall victim to opiate abuse:

### 1) Patients With Pain Issues

A limited use of painkillers for patients with serious injuries or recent surgical procedures done is to be expected. The problem surfaces after patients heal and attempt to go off the prescription painkillers.



When the patients stop taking the painkilling medication, they go into withdrawal and cannot tell if the pain they feel is coming from the previous complications or from the withdrawal. Because of the depletion of the body's beta-endorphins, when they first stop the opiates, they experience an intensification of pain at every site in the body previously injured. This leads patients to continue taking the painkillers just to avoid the excruciating pain of withdrawal.

When a detoxification without the use of any opiates is complete, the dangerous side effects of addiction are eliminated and 90% of patients experience *less* or equal amounts of pain as they did while they were on the painkillers.

### 2) Genetic Alcoholics

"Genetic alcoholics" are individuals born with an imbalance in one or more of the six neurotransmitter systems that alcohol raises. Some of these genetic alcoholics never actually become alcoholics. Then after getting some dental or orthopedic procedure done, they are introduced to opiates, and rapidly become addicted, never knowing they had a neurotransmitter deficiency in the first place.

Those that do become alcoholics, drink to alleviate anxiety, depression, or just to feel "normal" due to the neurotransmitter stimulation. Opiates and alcohol both have a similar effect on the neurotransmitters. Opiate abuse is easier to conceal and has a stronger impact on the brain, therefore many alcoholics switch to opiate abuse. Using opiates not only directly stimulates the opiate neurotransmitter system; it ends up stimulating four of the five systems also affected by alcohol. The end result of heavy drinking is equal to that of opiate abuse: a euphoric dopamine surge. Therefore genetic alcoholics who abuse opiates are using the opiate system to counteract the deficiencies of the other systems.

### 3) Bipolar Individuals

Bipolar individuals can typically control the symptoms of their mood disorder by using opiates. It is common for bipolar patients to replace their GABA bipolar medication with opiates like OxyContin and morphine. The stimulation of the opiate neurotransmitter system in turn stimulates the GABA system, alleviating their bipolar symptoms, yet bringing about an entirely new set of problems: addiction, sedation, and the loss of control.

A large percentage of opiate abusers are unaware they suffer from bipolar disorder. After two or three days of detoxifying the patients and taking away the opiates entirely, it becomes obvious whether or not the opiate addict does indeed suffer from bipolar disorder or not. If the patient is bipolar, he or she will become manic, out of control, talkative, and/or hyper vigilant. Controlling the underlying

Continued on page 32

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# REFLECTIONS ON 24 YEARS

By Dr. Anita Gadhia-Smith

I became addicted to alcohol and drugs at the age of twelve when I first began using substances. The first time that I got drunk, I woke up in the hospital after injuring my head at home and bleeding all over the living room furniture. After several years of drinking small amounts of wine with my family in restaurants, I had decided to get really drunk. I raided my mother's liquor cabinet when she went out to go to the grocery store. When I woke up in the hospital after my blackout, my first concern was not about being hospitalized; it was about whether I had ruined my new shirt. My next thought was that I couldn't wait to drink again. I didn't care about the stitches in my head; I had tasted escape from reality and loved it. For the next fifteen years, my addiction to oblivion ruled my life - my body, mind, spirit, and all of my choices.

I started using alcohol and marijuana on a daily basis, and then later went on to use pills, cocaine, hallucinogens, and opiates. I had been a straight arrow little girl. I loved school and got good grades. I never thought that I would end up shooting heroin one day. As I continued to lower my standards because of my addiction, what I had once thought of as unacceptable became the norm. From the start, I thought that I just wanted to feel better. I had come out of a very painful childhood stemming from the divorce of my parents. I was an only child who was a "lost child." Both of my parents were immersed in their own dramas, and I was basically on my own. I had no clue about how to cope with my life, my feelings, or my family situation. I felt frightened and alone in the universe, and substances took the painful feelings away and made me feel like I was okay.

After spending my entire childhood in a private Quaker Friends school, using drugs and alcohol daily but still making good grades, I attended Johns Hopkins University. During this time, my addiction progressed, and I began to approach my bottom. I was reaching a point where I couldn't enjoy anything anymore. When I tried to control my using, I couldn't enjoy it, and when I enjoyed using, I couldn't control it. The first ten years of using drugs and alcohol had been fun, but then it started to turn on me, and there was nothing I could do to make it work anymore. I was afraid to live and afraid to die. After a few more years of trying to manage my addiction by myself, I finally gave up at the age of twenty-seven and sought help. I decided to seek help by attending twelve-step meetings, and my life started to transform.

My journey into sobriety began on March 5, 1990. When I got into recovery, I soon found hope about being able to live life, but had no idea how much work was ahead of me. I thought that if I stopped using drugs and alcohol, everything would just fall into place. Not so. I have had to work in my recovery in ways that I never imagined. I spent the first few years just learning the basics about how to be a human being again - how to live, eat, sleep, talk to people, and work - sober. It was terrifying and exciting. I remember feeling anxious all the time, but I knew that I was heading in the right direction. Gradually, I began to address the underlying issues that had been buried inside of me for many years. These issues emerged very slowly, and I have been able to face them as they have come to the surface. The inner work has led to an internal transformation, which for me has been necessary for a sustained, evolving, and vibrant recovery.

After agonizing about finding my purpose in life for the first few years of my recovery, I decided to face my fears and go back to graduate school for the third time. I had gone to graduate school twice during my addiction, but was unable to complete my education because I simply could not show up and do the work that was required. I was terrified that I was not good enough or competent to do the work. However, this time was

different, because I was sober. I went back to school in recovery for my masters and doctoral degrees, and got straight A's in both programs. During graduate school, I met my husband and got married. I was able to enter into my profession as a psychotherapist, and have subsequently been in private practice for over fifteen years.

My greatest challenges have served to make me useful to others in the world. Through consistent and diligent recovery work, I have grown by leaps and bounds over the past twenty-four years. The journey has had many peaks and valleys, and has been rich and beautiful. I would not trade it for any other life. My mistakes have been transformed into powerful life lessons in recovery, and my successes have been building blocks for further growth. At the age of fifty-one, I feel at peace with the fact that I have been truly living my life fully for the past twenty-four years, instead of just talking about living it and watching it pass me by. I have had the opportunity to be of service in the world each and every day. Today my life has meaning and purpose. I am grateful to my mentors and fellows both in and outside of recovery who have led me every step of the way. Ever since I got into recovery, I have experienced a grace that I did not even know existed. This has carried me through the rough times and strengthened me from the inside in order to prepare for the next level. We all have a unique light to shine in the world; recovery allows us to find our true selves, build a meaningful life, and be what we were meant to be all along. The horizon keeps expanding.



*Dr Anita Gadhia- Smith is a psychotherapist in Washington, D.C. specializing in addictions, recovery, and relationship issues. She is the author of four successful self- help books, including the bestseller "FROM ADDICTION TO RECOVERY: A THERAPIST'S PERSONAL JOURNEY." ([www.fromaddictiontorecovery.com](http://www.fromaddictiontorecovery.com)). She has spoken regularly on television and in film about addiction, and has lectured all over the world. She has served as a consultant to the United States Congress in parity legislation for substance abuse treatment. Visit her website at [www.practicaltherapy.net](http://www.practicaltherapy.net).*



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# THE INFLUENCE OF ATTENTION DEFICIT DISORDER ON ADDICTION

By Sanford J. Silverman, Ph.D.

Chances are, you have heard of Attention Deficit Disorder (also Attention Deficit Hyperactivity Disorder). After all, according to the Center for Disease Control and Prevention, more than 5.9 million children between the ages of 3 and 17 years of age are diagnosed with ADD/ADHD, and many of these children will carry their disorder into adulthood.

In total, it is estimated around 15 million people in the United States have some form of Attention Deficit Disorder. It is a common disorder and if you have not had a personal experience with the disorder, you likely know someone who has.

What is lesser known, however, is the impact and relationship ADD/ADHD has on addiction and that a childhood diagnosis of attention deficit disorder is a risk factor for future substance abuse.

## Addiction and Attention Deficit Disorder

Attention Deficit Disorder (ADD/ADHD) is essentially a biochemical and neurological disorder characterized by an inability to consistently pay attention (especially with less interesting tasks or activities), frequent and seemingly easy distraction, procrastination and impulsivity.

The symptoms associated with the disorder make it more difficult to perform well in school, manage emotions and function normally in social settings, and are often accompanied by anxiety, listening/processing problems, obsessive-compulsive issues, behavioral problems and underachievement.

The result: Interpersonal relationships, self-esteem, academic progress, vocation, and everyday tasks are more difficult to maintain and therefore ultimately increases stress and emotional well-being.

In addition, people with ADD/ADHD struggle with impulse control and emotional regulation, so they are far more likely to seek an immediate need for gratification – regardless of future consequences.

When you take these two factors – the increased stress from the outcome of ADD/ADHD and the lack of impulse control – you create a fertile environment for addiction. In fact, recent studies suggest individuals with ADHD are more likely to smoke, develop eating disorders and use drugs or alcohol to self-medicate at rates up to two-times their unaffected peers.

## Treating Addiction by Treating Attention Deficit Disorder

While the relationship between attention deficit disorder and addiction is unfortunate, there is a silver lining for those who struggle with addiction and have been diagnosed with ADD/ADHD.

Seeking treatment for ADD/ADHD may also help address underlying drivers to addiction, making recovery less challenging.

Treatment of ADD/ADHD helps reduce the more destructive aspects of the disorder – specifically inattention, impulsivity and focus. This in turn helps improve academic and professional performance, enhance interpersonal relationships and reduce anxiety.

The resulting enhanced sense of well-being is an important factor in driving up self-esteem. When combined with the reduction in impulsivity this helps with overall self-control – so the individual is better equipped to make choices with the long-term outcome in mind.

## Treatment Options for Attention Deficit Disorder

Attention Deficit Disorder treatment focuses on altering the biochemical drivers in the brain that influence impulsivity and attention. This is most effectively done through a combination of medication and psychological therapies.

Medication-based therapies use stimulants, and while counter-intuitive to addiction, recent studies have shown proper dosage and use of stimulant-based medications help reduce addiction. A 2002 study conducted by researchers at the Harvard Medical School in Boston, Massachusetts concluded that stimulant therapy in childhood is associated with a reduction in the risk for subsequent drug and alcohol use disorders.

However, drug-based treatment can have undesirable side-effects (not to mention it may not be the best treatment option for a stimulant-based addiction).

Fortunately, an increasingly popular drug-free treatment for ADD/ADHD (as well as addiction specifically) utilizes state-of-the-art technologies and neurofeedback to exercise and condition brainwave activity to produce appropriate patterns and reduce impulsive behaviors.

While treating ADD/ADHD may have a positive impact on an individual's fight against addiction, it is only one factor in what is generally a complex problem. Beyond the psychological challenges, addiction can be the result of environmental and physical factors as well and all of this must be balanced when seeking a solution or treatment plan. However, looking for and treating ADD/ADHD might be a good start or a new place to look.

*Sanford J. Silverman, Ph.D. is a licensed psychologist in Scottsdale, Arizona who specializes in treating ADD/ADHD at the Center for Attention Deficit and Learning Disorders. He utilizes a multi-modal approach to treat ADD, addictions, emotional disorders and other psychological challenges. He can be reached at 480-314-4299 or online at [www.centerforadd-az.com](http://www.centerforadd-az.com).*

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# OPIOID-DEPENDENT AND PREGNANT — WHAT TO DO?

By Dr. Robert A. Moran M.D., F.A.P.A.

Opioid use among pregnant women ranges between 1% and 21%. Complications from use may include low birth weight, toxemia, third trimester bleeding, fetal distress, preterm labor, meconium aspiration, newborn withdrawal, growth deficiency, microcephaly, neuro-behavioral problems, increased mortality, and increased risk of sudden infant death syndrome.

Women who are using heroin during pregnancy usually are not receiving adequate prenatal care. They are usually not engaged in an appropriate treatment relationship with an obstetrician and receiving adequate nutrition for themselves or the fetus.

Treatment must NOT include detoxification. Withdrawal has been linked to intrauterine stress for the fetus leading to poor fetal growth, preterm delivery and fetal death.

It's very important to limit the exposure of the developing fetus to the peaks and troughs—that is—high and low blood levels of the short-acting opioids, creating repeated withdrawal states, by substituting with long-acting opioids, either methadone or buprenorphine. Studies have shown that opioid-dependent women who receive substitution therapy during their pregnancy are more stable psychologically and physically, receive more comprehensive antenatal care, and have better neonatal outcomes than women who are not on OST [opioid-substitution therapy].

Methadone has been available for 50 years as a substitution opioid—a full agonist—that can be prescribed to replace the illicit street opioid to that individual who has become dependent and as a result has developed the disease of addiction. In other words, those parts of the brain which subserve the functions of motivation/reward—the ventral tegmentum and the nucleus accumbens; the mood regulation system—limbic system (amygdala, hippocampus, and more); and the behavioral inhibition system—the orbitofrontal cortex; as well as (we are gradually learning) disconnections involving the prefrontal cortex and changes from the ventral striatum to the dorsal striatum, have all changed in this disease we call addiction.

The rationale of prescribing methadone is to replace an opioid in a controlled manner to someone who has been providing herself with an illicit opioid and therefore suppress a craving that has been created by the use of illicit opioids which have created tolerance and further craving in an uncontrolled manner.

Methadone is a full agonist, like the illicit opioids.

Buprenorphine, on the other hand, is a partial agonist, which means that it stimulates the opioid receptor, but only to a partial degree. It satisfies the craving, but does not create the euphoria, and does not create tolerance, at least, not in the same way. There is developing evidence, that buprenorphine actually helps to stimulate repair of those parts of the brain adversely changed in addiction.

For some pregnant women, buprenorphine has been a bit of a two-edged sword. It has been very effective at suppressing craving for illicit opioids. In doing so, it creates an illusion of overconfidence for the patient that she does not need further treatment. She often adopts the attitude of “I got this thing. I’m not going to use anymore”, which may lead to premature dropping out of structured treatment which is desperately needed, especially for the pregnant woman.

Treatment is much more than a simple buprenorphine tablet. It must include all of the other components which research has proven to be helpful—biopsychosocial interventions provided in a structured, clinical environment supervised by an addiction psychiatrist who can coordinate all of the components. The interventions should include cognitive-behavioral, dialectic behavioral, motivation enhancement, 12-step facilitation, and psychopharmacologic, all within a deeper psychodynamic framework, and of course, coordination with the obstetrician.



This process is very unlikely to be completed in 28-30 days. Ideally, the pregnant woman should remain in the structured program progressing from a residential level of care to partial hospital to intensive outpatient (IOP) to outpatient over the course of a number of months, moving into a transitional housing program while attending the IOP, which enables the treatment team to assess her ability to tolerate increasing stress and responsibility, as well as exposure to environmental cues.

Working at a job throughout this time is additionally helpful toward increasing responsibility, independence, helping her to experience obligation, and helping with structure and exposure to environmental demands, all under the watchful eye of a supportive treatment team throughout the entire pregnancy.

Birth, of course, is especially stressful for the opioid-dependent mother and all the more reason for her to be involved in a comprehensive program with a support team in place.

Typically, the practice for babies born to mothers dependent upon opioids is to treat them for opioid withdrawal with morphine. If a mother is treated during pregnancy with methadone, the likelihood is that the baby soon after birth will experience some opioid withdrawal and will require morphine for withdrawal. The same is true if the mother is treated during pregnancy with buprenorphine.

The MOTHER Study—Maternal Opioid Treatment: Human Experimental Research study was conducted between 2005 and 2008 as a multisite randomized controlled trial involving 6 US sites and one European site in Austria. Published in The New England Journal of Medicine, it showed that those babies who were exposed to buprenorphine required less morphine and required much shorter hospital stays than those whose mothers were treated with methadone.

The neonatal abstinence syndrome (NAS) may present between 48 and 72 hours of birth and may last between 1 and many weeks. It may include sneezing, yawning, watery eyes, elevated blood pressure and pulse, difficulty feeding, poor suckling, irritability, hyperactivity, sleeping difficulty, and high-pitched cry.

Most women with opioid dependence also suffer from comorbid psychiatric illness, such as mood and anxiety disorders. These authors found that the women who suffered from mood disorders were less likely to maintain abstinence during treatment and had more psychosocial impairment as well as higher incidence of suicidal ideation. The anxiety disorder group spent the greatest number of days in treatment. They concluded the importance of needing to adequately diagnose and then treat both the opioid dependence and the comorbid psychiatric disorder simultaneously in order to optimize a beneficial outcome.

*Continued on page 32*



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# GETTING BACK TO THE BASICS

By Noel Neu, MS, LMHC

During my first years of recovery, I learned the action steps of staying sober and maintaining sobriety one day at a time. In addition, I was taught the five core elements of a human being. These are physical, mental, emotional, spiritual, and social engagement. The purpose of the sectioning of the different aspects of being human is to begin to conceptualize the fragmentation that occurs in addiction. The goal is to begin to understand the meaning of wholeness and fulfillment of life in recovery.

During active addiction, the dependency is formed around the unconscious belief of an intense *need* to “fill a void.” The “void” is an absence of essential life fulfilling sustenance such as love, sense of purpose, understanding of self, connection, belonging, empowerment, spiritual awe, just to name a few. That this desire to fill the absence of essentials for life is unconscious has created a strong reaction to what the “real” cause of addiction is in the recovery community. There is the belief that it is an allergy, or a malady of mind, body, and spirit, or cognitive dissonance. I agree with them all! I believe that getting to the solution is the primary goal and purpose of recovery and treatment, which for me is gaining freedom from the dependency. Any way to gain this freedom as depicted here or in any practice of treating addiction is beneficial, and I do not argue the validity of where it has arisen from. If the goal is to replace the dependency with a “better” or “lesser” one, that may work short-term, however, continued recovery will erode if the underlying condition is not addressed. This underlying condition is the unconscious intense *need*.

My belief on codependency is that it is a dependency on being needed. As I write, I am reminded of a line in the movie “What About Bob?” where Bob Wiley, played by Bill Murray, eventually breaks down to his core belief as he says emphatically, “I need, I need, I need!” Amongst the hilarity of that scene lies the truth underneath all of his diagnoses. Whether the context is an addiction to a substance, a behavior, or a person, the result is similar – powerlessness to the *need*.

The *need* is enhanced by the fragmentation of obsession and compulsion which renders an active addict barren of that which he or she is seeking – freedom, happiness, belonging, empowerment, and so on. In recovery, once the compulsion is arrested, and the obsession lifted, the goal is now to refill the recovering addict with a principled life which results in the fulfillment that was so intensely desired to begin with. In recovery the message is simple – don’t use/pick up/drink/act out (depending on the specific program), go to meetings, work the 12 Steps with a sponsor, and carry the message to help another suffering from this problem. I believe this really does work, and I believe that further efforts physically, mentally, emotionally, spiritually, and socially create the opportunity for sustained healing for many more. Transitioning the unconscious beliefs to the consciousness of healing addicts and codependents

allows this *need* to shift and a new life to be uncovered in recovery.

With all the disempowerment and struggle that arises from the unconscious need, a simple formula for gaining a measurable structure of fulfillment is required. In attending 12 Step meetings over the years I have heard shares referring to “getting back to the basics, or “I don’t have to get back to the basics if I never leave them.” The meaning of basics referring to what the recovering person learned in the beginning of coming into the new sobriety. It is my attempt here to join the two aspects of recovery and treatment into a simple formula for early recovery as well as long term sobriety. This is my version of the BASICS for a healthy life.

Going back to five core elements of being human, using the BASICS formula daily will satisfy each component in a positive, well-rounded way. The result is an improvement in life fulfillment and self-esteem.

The first element to evaluate is physical. Performing activities that physically build you up rather than tear you down. **Building:** this includes eating healthier and working out at a self-caring pace to build up your physical body.

The second aspect of being human is mental/intellectual/psychological. Conveying positive affirmations to yourself as opposed to beating yourself up. **Affirming:** this encompasses any intellectual activity that develops an increase in your self-esteem such as affirming positive truth about yourself, and learning about who you are and the world around you in exploration and wonder.

The third component to be aware of is emotional. Practicing emotionally soothing actions in a safe environment where there is unconditional positive regard. **Soothing:** the primary notion of this is to be gentle with yourself with acts of positive self-care such as resting, laughing, and encouraging yourself without harsh judgment.

The fourth yet very fundamental concept of being human to become aware of is spiritual. Participating in spiritually inspiring experiences in your daily life. **Inspiring:** this is anything that you find that gives you a sense of hope and purpose that is greater than yourself in any and every way. It can be through religion, science, unexplainable mystery, anything that you can relate to that inspires you. This is the core of the essence of love. I feel that spirituality is taking a full breath in and out and becoming centered in a knowingness of Source. One of my favorite sayings is “We are spiritual beings having a human experience.”

The fifth segment of experiencing humanness is social. Engaging socially in happenings that truly connect you with others.

**Connecting:** to truly connect with others requires an openness to get out of your head and commune with other like-minded human beings that can share their experiences with you. This creates a greater expression of who you are in the world as you connect with others.

Creating a journal that charts your daily progress of each component will help you better understand where you are gaining strength in your sobriety and where you are experiencing deficits to your development. Even just reminding yourself before undertaking certain challenges and becoming aware of your daily behaviors, if they are **Building, Affirming, Soothing, Inspiring, or Connecting** in a positive healing manner or not, will help you walk through situations that you may have felt difficulty with previously. The statement “Practice these principles in all our affairs” includes living life with the BASICS one day at a time. A good mantra to keep with you is to “Be yourself, Do your best, and Let Go of the rest. When you ask for help while living this philosophy you are using all five of the BASICS and you will know you are on the healing path.

Noel Neu, MS, LMHC is the CEO and clinical director of Empathic Recovery ([www.empathicrecovery.com](http://www.empathicrecovery.com)). Mr. Neu has been a clinician in private practice for over ten years and has developed programs for “Assertive Awareness” training, “Living your Truth” to build self-esteem, and helping families with addictions heal.







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With a pain so great and strong desire,  
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Sure I'm an addict and it has me in chains  
But I do what you say, and still I don't change?  
Loved ones lost and others still crying,  
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# THE TRANSFORMATIVE POWER OF ACCEPTANCE

By Jamie R. Smolen, MD

The consequences of addiction are inescapable. It's a risky, dangerous and even hazardous way to live. As addicts become helplessly compelled to keep taking more and more drugs, they enter a state of desperation, attempting to get high and are disturbed when they can't achieve the satisfaction they seek. This happens because their bodies have developed a high tolerance. Eventually, their primary objectives are to hook up with their dealers and buy whatever fix they can afford, sometimes it's just to keep from getting dope sick. They will do just about anything to prevent the excruciating pain of drug withdrawal. Combine that with the mounting cost of their unaffordable habit and sooner or later, practically all of them want to stop but are unable to do so.

Addicts who get hooked on prescription pain killers may try to taper off, taking smaller amounts each day. The need to take more is overpowering and it's unstoppable. They try numbing the pain of withdrawal with alcohol or sedatives but realize those are not adequate substitutes. They even switch to opioids used for detox like methadone or Suboxone but lack the proper knowledge to use them effectively. At this point many addicts are at their peak of vulnerability and become ready to ask for the right kind of help. When they choose the option of medical treatment, they can present themselves for detoxification at specialized facilities. Highly skilled and well trained personnel are there to render medical care and assist the addicts who are ready to take that first critically important step in the process of recovery.

When addicts have developed a high tolerance for drugs their brains have entered a state of imbalance. Withdrawal can be physically and emotionally unbearable. It can even be medically dangerous especially when seizures or delirium occur. Severe withdrawal may require medically supervised urgent care. Medication is needed to stabilize malfunctions in the nervous system, the GI tract and the circulatory system. The more out of control withdrawal gets the more uncomfortable it is. Severe withdrawal can have life threatening consequences.

By the time addicts voluntarily enter detox they typically cannot withstand another day of agonizing withdrawal. Others may be coerced by family members who have reached the end of their rope. They hire an interventionist who takes a "stop using or else...." approach. If successful the addicts reluctantly agree to be taken to treatment. Their bags are already packed before the intervention starts. Either way, it is never a joyous experience. Usually there is resistance, fear and uncertainty; even hostility and strong resentment. The addicts entering detox and early recovery are not happy campers.

Many of their problems are pressing, threatening and worrisome. Once addicts agree to enter treatment it's very common to hear them promise that they're done with snorting, smoking or injecting drugs. "Trust me, it's over." "Never again." "I've learned my lesson." These are heartfelt emotional pledges expressed with resounding determination or mixed with genuine tears. However good these intentions are, they can't remove the mess caused by years of partying, getting high and failing to carry out basic daily responsibilities. Treatment facilities can temporarily serve to shield addicts from the crises that have piled up. During the initial stage of medical stabilization in the protected rehab environment, addicts are customarily introduced to the recovery principle of *acceptance* and how it can be put to good use.

What is acceptance and why is it so important for someone entering treatment? There are many ways to define acceptance but its use in 12 step recovery is unique and requires some explaining. In human psychology, a person practicing acceptance of a negative or uncomfortable situation or condition does not attempt to change



it, protest about it or avoid contact with it. The concept of acceptance is close in meaning to 'acquiescence', derived from the Latin 'acquiescere' (to find rest in). By accepting whatever may be "the problem," it is more likely that some peace of mind is closer at hand.

*The Big Book of Alcoholics Anonymous* describes the importance of acceptance in the treatment of alcoholism.

It states that acceptance can be used to resolve situations where a person feels disturbed by a "person, place, thing or situation -- some fact of my life -- [which is] unacceptable to me". The Big Book claims that an alcoholic person cannot find serenity until that person accepts that "nothing happens in God's world by mistake" and that the condition of alcoholism must be accepted as a given.

The practice of acceptance in 12 step recovery is so fundamentally important that its application is considered to be essential in the early stages of abstinence. Anyone who has tried will admit that there is nothing easy about getting sober. The physical, mental, emotional and spiritual toll it takes can be the most critically important challenge that someone can face. Instead of suffering from the burdens and hardships that addiction can cause, the practice of acceptance can be instrumental in achieving peace of mind even amidst the ongoing pain. I am going to explain how acceptance works. How to learn it, apply it and be transformed by it. It's simple, but not easy. It takes practice but it works, because for those who seek sobriety with their last ounce of hope, it has to work or all is lost.

Learning to practice acceptance requires honesty, open mindedness and willingness; the HOW of the 12 step program of recovery. Addicts have been so used to living in denial that honesty is something that is unfamiliar and easily rejected as a useful tool. Addicts first must deny the existence of the condition of addiction in order to live powerlessly under its control. Denial is the means by which addicts keep coming back for more while believing the use of drugs is recreational, harmless, and necessary to enjoy life or deal with problems. Denial is put to the test when withdrawal starts and the addicts are irritable and anxious with hot and cold sweats, their legs jumping like crazy while not sleeping a wink. It takes denial to make the decision to start pawing and stealing because there is not enough money to pay for the never ending need for more and more pills. Denial is what keeps someone away from treatment even when there are abscesses of infection caused by too many failed attempts to shoot up directly into a vein. When addicts are able to get honest about all the negative consequences and see how it is all directly related to addiction then their minds may begin to open and they start listening instead of automatically rejecting.

When addicts become open minded they have achieved a level of readiness that is a step beyond any denial. Now they can acknowledge their dependence on drugs as the primary cause of the unmanageable problems. Their open minds are receptive

*Continued on page 34*



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# CALL TO ACTION: FARR PRECONFERENCE WORKSHOP

By Steve Cooke

The Florida Association of Recovery Residences (FARR) has a stellar lineup of workshops, panels and speakers for its first full assembly in August. The inaugural FARR event will take place at The Hyatt Regency-Grand Cypress in Orlando, FL, on Tuesday August 5th, 2014 as a Preconference for The Florida Alcohol and Drug Abuse Association (FADAA) 2014 Guide to Behavioral Health Conference August 6-8th at the same venue, and many common themes will intersect over the three days.

As the first association to develop and maintain a standards system for recovery residence programs in Florida, FARR's first annual event will spearhead discussion and action on the ever-hot topic of "Sober Homes" in Florida.

Nationally and regionally recognized speakers will provide updates for a year of anticipated changes and ongoing challenges in the highly charged arena of 'best practices' for recovery in Florida. The keynote speech, workshops and reports by committee members will focus on practical clinical updates such as the adoption of a uniform code of ethics and operational standards for recovery residences and legal and ethical urine analysis practices.

FARR was founded in 2011 out of the need to evaluate and monitor quality of care in the rapidly growing field of addiction recovery related services throughout the state of Florida, and the association certifies residences to standards developed by the National Alliance for Recovery Residences (NARR) on a voluntary basis.

"Many in Florida do believe that this sector should be licensed and regulated," said John Lehman, FARR President, at his Boca Raton office as he prepared for the first annual FARR summit. "Others are suggesting that legislative oversight infringes on protections provided under the FHAA (Fair Housing Amendments Act) and ADA (Americans with Disabilities Act) so FARR's conference will provide critical background to this discussion."

The three-year-old association, based in Boca Raton, FL, is poised to provide the historical context and action steps that are pivotal to treatment centers and recovery residences meeting the challenges facing them today in the state, currently receiving the most scrutiny from media and legislators alike.

FARR speakers will elucidate the history of how recovery residences developed here and the unique challenges faced by providers operating within this sector not only in Florida but with other NARR affiliates. A panel discussion, moderated by Integra Labs, will address legal and ethical urine analysis practices. The keynote speech will be delivered by Joe Schrank, co-founder of "The Fix."

The backdrop to this first annual FARR conference is that this year's "Sober Home" legislative initiative that unfolded amidst local government unrest over recovery residences ended with House-adopted legislation that provided for voluntary certification of the residences, failing to advance to the state Senate floor before the legislature's adjournment this month.

Lehman now believes that the time is right to assemble treatment centers and recovery residence operators at an August summit-particularly as recent developments suggest that legislation in 2015.

Despite the many differences, one notable similarity present in both bills on the floor this spring was a **date specific for when it would become a first degree misdemeanor for a licensed Florida treatment provider to make a referral to a non-certified residence.**

The FARR Preconference, preceding the FADAA summit provides a perfect forum for those operators to collaborate with the many primary treatment centers whose leadership shares- and indeed contributes- to FARR's Partner in Excellence (PIE) initiative. The FARR summit will explain how treatment centers can directly support association efforts such as certification-related inspections

of recovery residences and sharing of best-practices information to home operators.

*The partners are listed on the FARR website, which also includes a list of FARR's certified recovery homes, and the conference provides a pioneering platform for that assembly of Florida leaders who value safe and sober housing as a bridge to life in the community post-treatment.*

**FARR's conference will provide a new forum for Florida's primary treatment centers to distinguish high-quality, safe recovery residences from those that appear to function mainly as sites from which to bill insurance for excessive drug testing and/or questionable outpatient treatment, and its participants will have many opportunities to address such concerns.**

"What will remain constant is the need for ethical operators who seek first to help those they serve to develop solid foundations in recovery," said Stephen Cooke, Chair of Outreach for FARR and Communications Director for The National Association of Addiction Treatment Providers (NAATP). "The FADAA Preconference provides an opportunity for our FARR partners to explore how we'll preserve sober homes' inherent right to operate while also providing better protection for addicts in early recovery and their families."

FADAA has been a staunch supporter of the three-year-old association and one shared theme of the two conferences will be to galvanize those Florida recovery home operators who yearn to see more widespread use of standards separating high-quality homes from others.

**To register for FARR's first annual event, the FADAA Preconference, please visit [www.farronline.org](http://www.farronline.org) or [www.fadaa.org](http://www.fadaa.org)**



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"Sober Homes" are a hot topic in Florida. Many believe this sector should be licensed and regulated. Others suggest that legislative oversight infringes on protections provided under the FHAA (Fair Housing Amendments Act) and ADA (Americans with Disabilities Act). FARR certifies residences to standards developed by National Alliance for Recovery Residences (NARR) on a voluntary basis. This conference will address the adoption of a uniform code of ethics and operational standards, a brief history covering their development and challenges faced by providers operating within this sector.

A panel discussion, moderated by Integra Labs, will address legal and ethical urine analysis practices. The keynote will be delivered by Joe Schrank, co-founder of "The Fix."



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# YOGA – AN IMPORTANT “PEACE” OF RECOVERY

By Marlene Passell, Communications Coordinator – Wayside House

Most rehabilitation programs provide one-on-one and group counseling, education, healthful nutrition, recreation and exercise. Daily exercise has been found to provide many benefits to those in recovery - it is a natural mood-enhancer, provides a way to release tension and aggression, and promotes overall well-being. Research shows that yoga does all these things and more.

Yoga is a common practice for people who want to bring a sense of calm into their lives, get into shape, or connect with their spiritual side. It is also becoming a more common component of substance abuse treatment - a natural companion to 12-step-based recovery because it shares many of the same goals and teaches participants how to achieve those goals. It is also often a key component of the group of holistic therapies now being used universally, such as art, music, equine and horticulture therapies.

Yoga therapy even affects the chemical balance in the brains of those with addiction – it can help your brain recover from a drug or alcohol addiction. In recent studies, yoga has been shown to increase the levels of a brain receptor called GABA by more than 20 percent. This is important because people dealing with substance abuse usually exhibit low levels of GABA. If an activity such as yoga can increase these levels, even for short periods of time, then people struggling with substance abuse can more conscientiously focus on their recovery.

Here are just a few ways that yoga supports a person's drug/alcohol rehabilitation efforts, according to the experts.

## Benefits of Yoga Therapy for Substance Abuse

Former substance abusers who practice yoga say that yoga fosters the kind of discipline and self-peace that is needed in a 12-step program. Rachael Chang, the yoga instructor at Wayside House, an addiction treatment program for women in Delray Beach, said yoga increases the threshold for coping, teaches a calm, nonreactive state of being. Ms. Chang, who trained at the Kripalu Center in Massachusetts, said this style of yoga teaches clients about self-acceptance – about accepting feelings without believing they have to react to them. “They respond really well. Self-acceptance is important for everyone, but especially for those with addictions,” she said.

Yoga therapy has been shown to reduce the following symptoms that often accompany a drug or alcohol addiction:

- Depression
- Anger and hostility
- Anxiety and tension
- Fatigue and inertia
- Impulsive behaviors
- Confusion

## Yoga Teaches New Coping Mechanisms

At the core of addiction is a person's inability to cope with difficult thoughts or emotions. Much of counseling focuses on helping patients to recognize this and teaching them new ways to cope with stressful life situations. Yoga teaches the use of controlled breathing as a means of gaining control of thoughts and emotions.

## Yoga Helps Individuals Achieve Balanced Peace

Often the person ensnared by addiction is carrying around a load of anger. They may be upset with themselves or they may be angry with others. Those who abuse drugs or alcohol may have

reached for substances to find an escape because they lacked their own sense of peace. Yoga positions express acceptance. This is a central part of 12-step recovery – accepting your own failures. On the other hand, deep breathing facilitates physical control. In this way, yoga combines inner and outer peace in a way that other forms of exercise do not.

Ms. Chang, who has been teaching yoga in the addiction community for two years, agrees. “There is a self-soothing aspect of yoga that makes them feel better – they focus on their bodies and get out of their heads for a while. When we start a class, we have the women check in with one word. Many say ‘anxious,’ or ‘tired,’ but when we check in again half way through the class, the words are often, ‘calm,’ or ‘relaxed.’”

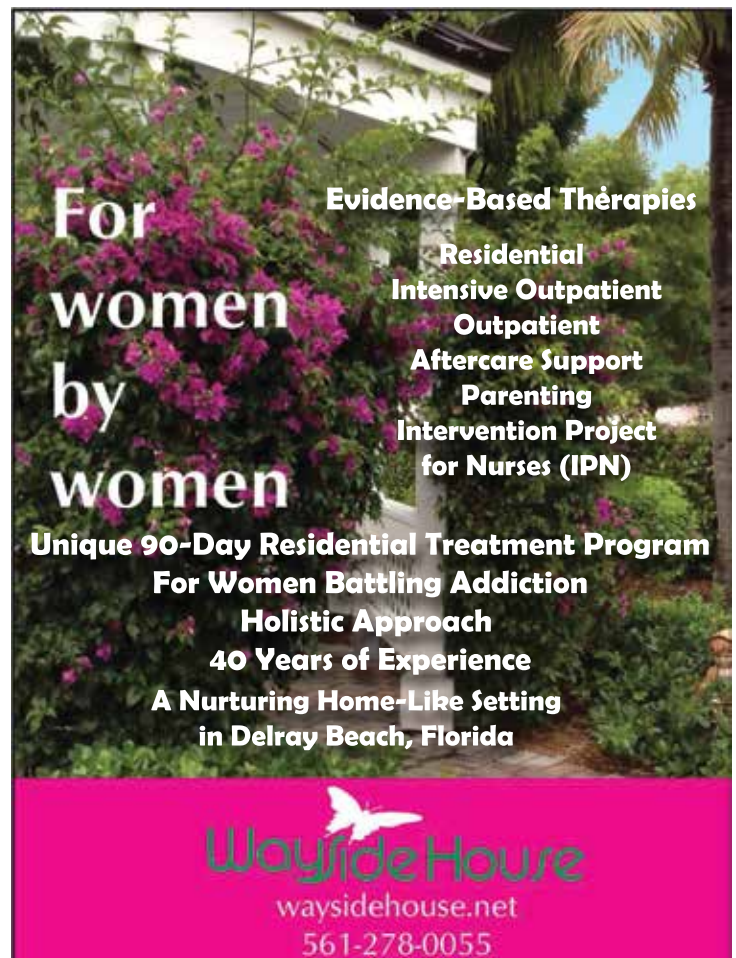
## Yoga Emphasizes Making a Spiritual Connection

Another core value in most 12-step programs is admitting that problems are too big for you to handle alone. The programs encourage participants to reach out to someone bigger than themselves who is capable of handling them. Yoga also emphasizes making a spiritual connection through meditation and prayer.

Ms. Chang said most of the women look forward to it. “It's fun – the deep breathing and relaxation - some are surprised they can feel that good.”

*Marlene Passell is the marketing and communications director for Wayside House in Delray Beach, FL.*

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# OVERCOME ANY ADDICTION

By Jack Alan Levine

If you're addicted, please listen to me. I know you feel like you don't have it in you. I know you feel like you've tried to get sober and failed. You feel like you're at war and you're getting the snot knocked out of you. It feels like you are starving and you have no more supplies, and you've been out there forever, fighting. You're bloody and beaten. And your enemies are coming over the hill charging at you; you feel like they're going to finish you off.

"Would you like to surrender?"

You say, "Surrender? But I'm at war here!"

Well, you can continue to fight that war, but where has it gotten you so far? You're bloody and beaten and starving. You're getting the snot beat out of you. You're losing this war, big time.

Too often our pride, arrogance and self-reliance, which hasn't been working well for us, keeps us away from what could make us better. After we beat our heads against the wall long enough, we start to think there's no hope. We can never be saved, never be redeemed, never come out of this Hell.

You may think it's too late or you're too far gone. But you're not. Remember the story of the prodigal son. The son asked his father to give him his inheritance early. He then took off to a far country and squandered everything. He completely turned his back on his father and blew his inheritance on food, alcohol, women, parties and wild living. Sound familiar? When the son finally hit bottom, he returned to ask his Father not to take him back as a son... (He knew he no longer deserved that privilege!) But instead to hire him as a worker in his field. This father did something nobody expected. He ran out to meet his son, hugged him, welcomed him back and restored him to his full position as a loved son.

There's a great story about a little kid in kindergarten which makes the point I'm praying for you to see...

The kindergarten teacher gives out a piece of paper to each of the kids and instructs them, "Draw a picture of anything you want."

The kids are happily drawing, but one little girl messes up her drawing. She tries to fix it, but that only makes it worse. She starts crying hysterically. Hysterically! She's bawling and wailing.

The teacher says, "Suzie, Suzie! What in the world is the matter?"

"I ruined it! I ruined it!" Suzie cries. "Everything is ruined! I did it wrong!" She hands the paper to the teacher, crying uncontrollably.

The teacher looks at her for a minute, and then takes Suzie's first piece of paper and puts it down on her desk. She then hands Suzie a new piece of paper.

"Here," she says. "Here's a brand new piece of paper. Start again."

That's the message. It doesn't matter what happened before, you can always start again.

The addicted person needs to understand that with the help of a suitable recovery program the seed of renewal resides within every suffering person.

It's not embarrassing to need help. There's nothing to be ashamed of in needing help. We all need help in many areas. We need teachers to help us learn. We need doctors to help us when we're sick. We need mechanics to fix our cars. The question is where to get the right help.

In the early 90's, I was editor of a magazine called *Back Pain Magazine*.

What I learned from running that magazine was there were a lot of different ways to treat back pain.

Here's what I found. If I went to the surgeon, he would say, "I can heal your back pain. I need to operate on you."

If I went to the chiropractor, he'd say, "I can heal your back pain. I need to adjust you."

The doctor would say, "I can heal your back pain. Just take these drugs."

The physical therapist would say, "I can heal your back pain. I need you to do these exercises."

The acupuncturist? "I can heal your back pain. I need to stick a few needles into you."

The yoga instructor? "I can heal your back pain. You need to meditate."

The reflexologist? "I can heal your back pain. I just need to massage your toes."

And on and on and on.

So, through that job and my own experience, I learned there were many different treatments for back pain. Believe it or not, most of them worked—but not for everybody. Some of them worked for some people but none of them worked for all the people. In the right circumstances, nearly every one of these treatments could be quite effective for *someone*.

The same holds true for addiction. There are different ways to treat addiction. Just like back pain, what we do need you to do is to *get better!* It doesn't matter which way you gain victory over addiction and live a life of freedom. It just matters that you do it! Here's what I mean. If you want to go to New York from Florida, there are a few different ways you can do it. You can fly, take a train, ride a bus, and drive a car... You can hitchhike, go on horseback or walk. Some of them take longer, and some of them are better and much more efficient than others. It really depends on how motivated you are to get there, how quickly you want to get there and what you are willing to pay. They will all get you there!

The important thing is, there are resources and ways available to you right now to insure you live a life free from addiction. In my "Free for Life - Overcoming Addiction" online program, I talk about all the different paths to recovery and which ones I believe are most efficient and effective. It doesn't necessarily matter which one: a 30-day rehabilitation program, a 12-step program like Alcoholics Anonymous, Narcotics Anonymous, individual Therapy or Counseling, Intensive Outpatient Programs, Long-Term Rehab Programs (90 days to 1 year), Celebrate Recovery program and there are others. There are many good options. Like back pain, not all work for everyone and some work better for some people than others.

Many people today say they're simply too busy with family jobs and obligations to go and get help and treatment for their addiction. That excuse doesn't fly anymore, as now many treatment centers offer Intensive Outpatient Programs (IOP). These programs allow people to maintain their jobs and sleep in their homes and yet get the treatment they need. People receive treatment in a condensed format, usually two or three group sessions a week with a variety of days and times to choose from. I personally know people who have come through this type of program with outstanding results. If you're not willing to go full-time into a treatment program, then this is definitely the next best thing.

*Jack Alan Levine is a nationally known author, speaker and addiction expert. Jack knows first-hand about being an addict and being a parent of an addict. Jack has spoken on "Overcoming Addiction" at Iron Sharpens Iron Conferences, Florida Men of Integrity Conferences and Strongman Conferences.*

*His latest book My Addict Your Addict deals specifically with addiction. Jack developed the "Free for Life - Overcoming Addiction" online program to help addicts and their families deal with recovery issues. He has written two other very popular books Don't Blow It with God and Where the Rubber Meets the Road with God. Learn more about Jack's addiction program and books at [www.LifeSolutionSeminars.com](http://www.LifeSolutionSeminars.com).*



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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.

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# THE SILENT ASSAULT ON AMERICANS WITH ADDICTIONS APOCRYPHAL VIEWS DRIVING PUBLIC POLICY ON ADDICTION

By John Giordano DHL, MAC

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*The National Institute on Drug Abuse found that the costs of drug abuse and addiction due to use of tobacco, alcohol and illegal drugs are estimated at \$560 billion in health care costs, productivity loss, crime, incarceration and drug enforcement nationally.*

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In what amounts to even further proof of a disconnect between the realities of addiction and lawmakers farcical views, Governor Rick Scott's administration recently filed a brief to an appeals court (May 2014) asking it to overturn a lower court's ruling that deemed urine tests of applicants to the Temporary Assistance for Needy Families fund (TANF) constitutes unreasonable search. The original legislation – which was in effect for a few months in 2011 before being found unconstitutional – was intended to make public assistance checks contingent on applicants passing a drug test. During an interview on CNN in 2011, the Governor stated: "Studies show that people that are on welfare are higher users of drugs than people not on welfare," and that "Our taxpayers don't want to subsidize somebody's drug addiction. It's going to increase personal responsibility. It's the right thing to do for Floridians."

The stated goal of this piece of legislation appears to be saving taxpayer dollars by not subsidizing somebody's drug addiction. I wholeheartedly agree with the premise. I certainly don't want to pay for someone's habits nor do I think anyone else should have to either. However, where this bill falls completely short and leaves me and every other taxpayer paying the tab is in its lack of understanding of the depths of addiction and it cooks the books on the true costs. This bill goes after the small potatoes and does nothing to reduce the huge expenses of addiction subsidized by taxpayers.

One big point being ignored here is the fact that addiction is an incurable but manageable disease. It jumps from one expression to another. A person with addiction left to his or her own devices without professional help will become addicted to another substance or addictive behavior once one is taken away just as sure as the sun rising in the East. Today it might be an illicit drug; tomorrow it could be a legal drug such as alcohol, tobacco, sugar and so on. All of these addictions, both legal and illegal substances, cost us taxpayers far more than anything that could possibly be saved by cutting public assistance to drug abusers.

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*A recent study published in the Western Journal of Emergency Medicine found that up to 14% of physicians, nurses and/or other health professionals have a drug and/or alcohol addiction.*

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The National Institute on Drug Abuse found that the costs of drug abuse and addiction due to use of tobacco, alcohol and illegal drugs are estimated at \$560 billion in health care costs, productivity loss, crime, incarceration and drug enforcement nationally. To put this into perspective, \$560 billion is more than most country's GDP. I was unable to locate any local Florida data for this article, but with 6% of the U.S. Population it is safe to estimate our per capita share would be in the \$30 billion dollar range. That means that every year in Florida, \$30 billion dollars goes to paying hospitals for emergency room visits (addiction accounts for one-third of inpatient hospital costs), ambulance services, EMTs, Medicare and Medicaid, police departments, prison systems, lost production and so on because of addiction. Think about how many taxpayers' dollars could be saved if Governor Scott's administration invested in a comprehensive statewide addiction prevention and treatment policy. The savings could be in the billions! Also think about how many Floridians who died at the hand of their addictions would still be with us today.

And why ostracize this small group, poor people most in need with drug abuse issues getting help from the government. Why stop here? Addiction is a dopamine (neurotransmitter) related brain disease. Why not purge everyone from government help who have a dopamine related brain diseases such as people with Parkinson's disease, depression and schizophrenia?

If you're truly interested in saving taxpayer's dollars, there are far deeper waters to fish in than this shallow little pond. Why not force everyone receiving a check or subsidies from government to pee in a cup? It would save billions of taxpayers' dollars and be a boom for the economy. Urine testing centers would be competing for office space all over the state. You could start by testing doctors, nurses and other health professionals – or those who work at a hospital or center – that receives government subsidized Medicare and Medicaid payments. A recent study published in the Western Journal of Emergency Medicine found that up to 14% of physicians, nurses and/or other health professionals have a drug and/or alcohol addiction. And who is the greater risk to society, a poor public assistance recipient on the street or a medical professional with a syringe in his hand walking the halls of your local hospital in a drug induced haze?

Botched surgeries, incorrect doses of medication, hepatitis outbreak due to a health care worker using patients' syringes and countless more medical misconducts related to substance abuse goes unnoticed or undocumented right here in Florida hospitals and medical centers. Who pays for all these mistakes – The Florida taxpayer through government subsidy programs and increased insurance premiums.

Yet with all these failings costing taxpayers literally billions of dollars every year, the best our elected officials can do is go after the poor on assistance programs for a third time? Nearly twenty years ago the Department of Children and Families (DCF) initiated a pilot program. According to the Miami Herald; "In a 1998 study by the DCF, researchers found a lower rate of drug usage among TANF applicants than the state's population as a whole." The urine testing program was deemed cost-ineffective and subsequently dropped.

In 2011, urine testing of public assistance applicants started anew. Before the law was found to be unconstitutional, 4,086 applicants peed in the cup. Of those 2.6 percent failed the test, most of which tested positive for marijuana.

The state claims a net loss for the program of <\$45,780>. But that number is erroneous. The real net loss could exceed ten times that amount when you add in applicable attorney's fees, court fees and the thousands of hours of staff time it took to implement this policy.

The Scott administration recently disclosed it has already spent \$381,654 appealing the unfavorable rulings citing the urine testing program as unconstitutional. Governor Scott, I implore you, stand with your constituents and invest in Floridians. Give us a comprehensive statewide addiction prevention and treatment policy. It will save billions of taxpayer dollars and it's the right thing to do for Floridians.

This is a really big issue. A lot of money – billions – is unnecessarily coming out of Florida taxpayer's pockets because of addiction, not to mention the loss of life. Yet what are our elected officials really doing to effect positive change? Is this the best they can do; just toss the proverbial red herring – the myth of people on public assistance are addicts – into the center ring of this circus to give us the impression they're really intent on doing something about addiction in this state? Besmirching addicts will solve nothing. If we are to have an honest conversation about saving taxpayers' dollars wasted on addiction related incidences we need to dispel

Continued on page 34



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# THE ETIOLOGY AND DEVELOPMENT OF SUBSTANCE ABUSE AND DEPRESSION IN ADOLESCENT GIRLS - PART 2

By Fred Dyer, PhD., CADC

**Safety for Girls** – Pipher and others contend that the lack of viable options for girls to express their true selves leads them to act in ways that appear self-destructive but are often logical, adaptive responses to the world in which they live. Their behavioral actions and symptoms, reconditioned in this way, can be understood as acts of resistance and strength against a society that ignores and damages them. Running away, truancy, suicidal gestures, depression, excessive dieting, weight gain, prostitution, early pregnancy, drug and alcohol use may be signs that a girl is trying to protect herself from the messages she receives on a daily basis that she is bad, wrong, manipulative, frigid, unlovable, and weak. Lack of safety is cause for depression and anxiety. In order to feel safe, the child must experience predictability, constancy, and activity.

**Assessment for Adolescent Girls with Substance Abuse and Depression** – Adolescent girls who abuse substances are prone to other emotional and behavioral problems, including depression. The major challenge facing therapists is differentiating problems related to substance use from issues that are not drug-related. Substance symptoms such as depression, serious familial conflict, and school truancy are also common mental health issues for adolescents.

Adolescent substance abuse is best viewed on a continuum of drug use progression. Differentiating drug experimentation from substance abuse is a critical issue in conducting assessments. Assessments for co-morbidity, i.e., substance abuse and depression, should rule out other disorders or include features of other disorders. Feelings of depression, anxiety, and peer rejection have been found to be general predictors of drug disorders among adolescent girls. Special attention should be given to suicidality. This is important when assessing marijuana users, as their rate of suicidal ideation is three times as high as that of non-users. For purposes of establishing treatment intervention, it is important to examine the motivation for adolescent substance use: 1) a peer motive—wanting to be accepted or dealing with rejection; 2) a coping motive—addressing feelings of anger, anxiety, fear, depression about school or home life, or lack of safety or predictability; 3) a drug experience motive—a desire to know the experience of the drug, often prompted by peer use. It may benefit the diagnosis/treatment plan to inquire directly what purposes her drug use serves.

## **Interventions for Adolescent Girls with Substance Abuse and Depression**

Clinicians who successfully treat adolescent girls who present with substance abuse and depression must understand the differing alcohol and drug use of girls and boys, their respective risk factors, and the ways in which depression manifests differently in girls and boys. A major report issued by the National Center on Addiction and Substance Abuse at Columbia University entitled, "The Formative Years: Pathways to Substance Abuse Among Girls and Young Women Ages 8-22" outlined the following risks and consequences of smoking, drinking, and drug use unique to girls and young women:

- Girls experiencing early puberty are at higher risk of using substances sooner, more often, and in greater quantities than later maturing peers; puberty is a time of higher risk for girls than for boys.
- Girls are more likely than boys to be depressed, have eating disorders, or be sexually or physically abused—all of which increase the risk for substance abuse.
- Girls are likelier than boys to abuse prescription painkillers, stimulants, and tranquilizers.
- Substance use can sink into abuse and addiction more quickly for girls and young women than for boys and young men.

- Girls and young women are likelier than boys and young men to experience more adverse health consequences, such as greater smoking-related lung damage. Women are more susceptible to alcohol-induced brain damage, cardiac problems and liver disease, which occur more quickly and with lower levels of alcohol consumption than with males.
- Girls using alcohol and drugs are likelier to attempt suicide.
- Girls who move frequently are at greater risk of using substances than boys who move frequently.
- Transitions from grades of school are times of increasing risk for girls. Girls making the transition from high school to college show the largest increases in smoking, drinking, and marijuana use.
- Girls are more likely to be offered substances by female acquaintances, a female relative, or a boyfriend and to receive offers in private settings, while boys are more likely to be offered drugs by male acquaintances, male relatives, parents, or strangers, and to receive these offers in public settings.
- Religion is more protective for girls than for boys.

The CASA report offers an invaluable tool for clinicians to effectively work with adolescent girls. It supports a collaborative effort by every system in the lives of adolescent girls. In the area of prevention, CASA's formative year's survey showed that most girls (61.6 percent) who discussed substance use with their parents were less likely to smoke, drink, or use drugs. The report concluded that prevention programs should target girls at times of highest risk and be sensitive to the reasons why girls use drugs, how they get them, and contributing factors that increase their risk. Health professionals should screen young female patients for substance use, depression, sexual and physical abuse, poor school performance, eating disorders, and stress and provide appropriate referrals. Government should invest resources in research, prevention, and treatment that focus on the special needs of girls and women. Lastly, media should refrain from presenting glamorous images of women smoking and drinking that make positive associations between these activities and thinness and sex appeal.

CASA has conducted a national survey of 1,220 girls and young women passing from elementary to middle school, from middle to high school, from high school to college, and from college into the world beyond. They coordinated focus groups with preadolescent girls and their parents to understand their attitudes, beliefs, and behaviors regarding smoking, drinking, and drug use. Those interested in their findings can visit their website at [www.casacolumbia.org](http://www.casacolumbia.org).

## **Concluding Thoughts**

In working with adolescents, there is the principle that says, "If you take something away from a kid, you must be willing to replace it with something else. It is this author's hypothesis that rather than clinicians, parents, and teachers being so quick to say *no* to kids, we must give them some things to say *yes* to—other possibilities for their lives, that they can recover from alcohol and drugs and depression and live normal lives; that their lives are worth living; that dreams do come true; and that they have value and worth. Adolescents and girls in particular need to hear *yes* more often than *no*.

*Fred Dyer, Ph.D., CADC, is a nationally recognized trainer and consultant who services social service, juvenile justice, and mental health organizations and systems, as well as school districts and juvenile detention centers. Dr. Dyer has provided trainings and consultations in the United States, Canada, and Europe and has published numerous articles on children, adolescents, and adults with substance use and psychiatric disorders. He can be reached at [dyertrains@aol.com](mailto:dyertrains@aol.com) or 773/322-8425.*



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# SELF ESTEEM: HOW MUCH DO YOU REALLY NEED?

By Douglas Schooler, PhD

Think of a wolf chasing a rabbit. As he's running at full tilt after the rabbit is he thinking about how beautiful his stride is, how glossy his coat is looking? Is the rabbit thinking how clever he is as he escapes by running into a hole? The human animal is the only one on the planet capable of thoughts about himself. But just because we can do it doesn't mean we have to.



The title of this article may suggest that high self-esteem is desirable. But it's the reverse, however; self-esteem as a concept is a major obstacle to recovery from addiction or self-development in general.

## The problem with "self-esteem"

Self-esteem is a concept, part of a theory of human behavior, and thus a way of thinking. In this case it's a way of thinking about how people should be thinking. The writings of Abraham Maslow, Carl Rogers, Nathaniel Brandon and so many others have caused the idea of self-esteem to become so much a part of the culture that few question its validity or usefulness. It has come to seem real even though it's just a concept, just an idea about how things work.

Self-esteem can be defined as a sense of believing in one's value, worth, or goodness. High self-esteem, in practice, is feeling good about oneself. Low self-esteem is feeling bad about oneself. Therapists often are trained to attempt to raise the self-esteem of their clients, the thought being that high self-esteem leads to improvements in life performance and low self-esteem leads to impaired life performance. However, research does not support this view. For example, in one study, self-esteem scores could not even predict grades in college courses.

Self-esteem theory promotes the idea that it is desirable to think well and highly of oneself. There are several pitfalls with this idea. First, thinking *anything* about oneself requires one to become introspective and self-conscious, to shift attention from what's happening in life to oneself. In my experience however, people suffering from emotional or behavioral disorders are already far too self-conscious and introspective. They spend a great deal of time wondering what's wrong with them, trying to figure themselves out. So I've come to realize that sustained introspection is both an indicator and a cause of emotional disturbance. Only people who are suffering do it; those who are feeling good from their life experiences, rather than about themselves, are not thinking about themselves. They are "into it", in the "flow"; they are fully present. Just think about athletes fully absorbed in their event. Are they thinking about themselves, are they trying to understand themselves, wondering if they are worthy? No way. They are in the moment, paying attention to what's happening in the "now", the place (the *only* place) where life is happening.

Much of conventional psychotherapy is concerned with the client developing insight into herself. The therapist has been trained to point out to the client aspects of their thoughts, feelings, or behavior that they seemingly haven't noticed. "Study how you've been creating your problems. Realize the bad choices you've made. Understand why you've done that." The theory is that noticing these things will bring about desired change. What actually happens, however, is that the focus on self-insight reinforces an already overactive tendency towards introspection, taking the client even further out of the moment and into that never-never land of one's own mind, away from life and the present moment.

Another "gift" from the mental health professors is the idea that in order to love others or be mentally healthy you must love yourself. So again, therapists are trained to get their clients to love themselves, to feel good about themselves, to feel worthy. What a huge exercise in self-consciousness! Once again the client is trained

to look inward, precisely the wrong direction. Taking your blood pressure is about as far "inward" as I'd like anyone to be looking.

Self-esteem requires self-judgment. How worthy am I? But that invites comparison to others. That's not desirable at all. And where there's a high there must be a low. Success might bring on good feelings about oneself. But winning is always temporary. What happens when one inevitably fails? Self-esteem plummets. It's two-sided coin and it can and does flip from positive to negative in a flash.

Almost everyone I work with suffers from low self-esteem, believes they should have high self-esteem, and feels even worse because they don't. They are highly introspective, self-conscious, and self-judging. I don't want my clients feeling badly about themselves. But the solution is not to get them to feel good about themselves. Why not?

Consider this: You're in a jumbo jet, taxiing down the runway and building speed. The engines are roaring now and you are about to lift off. How introspective do you want the pilot to be while he's guiding the plane into the sky? How self-praising or self-condemning do you want him to be as he's pulling back on the stick and keeping track of dozens of gauges and dials on the console? How good do you want him to feel about himself?

So what is the solution? Maybe you've already guessed. Eliminate as much as humanly possible all instances of self-consciousness and introspection and completely reject the concept of self-esteem. The wolf, the lion, the tiger, some of nature's most competent animals, think no thoughts about themselves. They are fully focused on what's happening in their environment, they are fully present. They make excellent models. Have zero thoughts about yourself, avoid thinking about your worthiness, and direct your attention outward to life itself. I want you to be focused on life, what's happening, not on yourself. I want your feelings to be about what you are experiencing, not about yourself. Zero self-esteem is the ideal. Just like the wolf.

*Dr. Doug Schooler is a Licensed Psychologist and Certified Master Practitioner of Rapid Resolution Therapy. He maintains an independent practice of psychology, The Center for Rapid Resolution Therapy, in Boca Raton, providing treatment to all ages since 1985 ([www.DouglasSchooler.com](http://www.DouglasSchooler.com)). Before coming to Florida he taught psychology at Eastern Michigan University. He graduated from Queens College in 1964 and received his PhD in psychology from the University of Rhode Island in 1976.*

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## PAINKILLERS THAT KILL — A SILENT INJUSTICE

By Dr. Fred J. Von Stieff

*Continued from page 6*

bipolar disorder with the proper medications will help prevent the patient from relapsing.

### Conditioned Response

Taking opiate drugs destroys individuals' very ability to cope with reality. After experiencing a euphoric state while on opiates, facing reality seems unappealing and difficult. It's neither easy nor desirable to feel normal thereafter because opiates alter their very concept of *normal*. Each time the person takes a dose of opiates, he or she is being conditioned to believe they must do this to feel better. Altering the very fabric of users' reality and modifying their perception, opiates gradually dull the acuity of the five senses. Continued opiate use causes permanent damage to opiate receptors which leads to zero pain tolerance later in life.

I continually work to improve treatment methods to get patients off of opiate drugs permanently *without* using other opiate medications throughout the detoxification and the treatment. These methods are quicker, safer, and what I hope to be the future norm.

*The work of internationally acclaimed Addictionologist, Dr. Fred J. Von Stieff is revolutionizing the way the world views and treats addiction, while saving countless lives. You can learn more about Dr. Von Stieff's highly effective methods of focusing on neurotransmitter balances throughout detoxification and treatment, in his book, Brain in Balance: Understanding the Genetics and Neurochemistry behind Addiction and Sobriety, available at: [www.BrainInBalanceBook.com](http://www.BrainInBalanceBook.com).*

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## OPIOID-DEPENDENT AND PREGNANT — WHAT TO DO?

By Dr. Robert A. Moran M.D., F.A.P.A.

*Continued from page 12*

Many women with opioid dependence are also using other substances, including nicotine, alcohol, and cocaine. Cocaine-exposed infants have been born with decreased birth weight, length, and head circumference. Cigarette smoking has been found to negatively affect all of these measurements as well. Of course, alcohol can lead to fetal alcohol syndrome.

Overall, when recognized early and addressed in a comprehensive manner, opioid-dependent women can be managed very successfully in the proper setting with opioid-substitution as a component of a complex treatment plan, which can eventually lead to two healthy individual lives.

Article References are Available upon Request

*Robert A Moran is the CEO and Medical Director, Wellington Retreat, Inc., Diplomate, American Board of Psychiatry and Neurology, Certified in General Psychiatry and Addiction Psychiatry, Diplomate, American Board of Addiction Medicine, Certified in Addiction Medicine, Clinical Instructor in Psychiatry, Weill Cornell Medical College, Voluntary Assistant Professor of Psychiatry & Behavioral Sciences, University of Miami Miller School of Medicine, Affiliate Clinical Assistant Professor, Charles E. Schmidt College of Biomedical Science at Florida Atlantic University, Adjunct Clinical Assistant Professor of Psychiatry and Neurology, Lake Erie College of Osteopathic Medicine. [www.WellingtonRetreat.com](http://www.WellingtonRetreat.com)*

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# THE TRANSFORMATIVE POWER OF ACCEPTANCE

By Jamie R. Smolen, MD

Continued from page 16

and approachable with information about addiction. They become educated about the basics and soon understand that addiction exists in the brain and it's there to stay. This is a scary reality and it helps to know that addiction is also a medical condition. It's an actual disorder and can even be called a disease. Worst of all, it's incurable. Best of all, it's treatable. Fortunately, it is possible to not only live with it, but life can once again be enjoyable without the need to get high. Addicts are then invited to take a step even closer to acceptance and become willing.

Addicts face what seems like a never ending bombardment of painful consequences that appear insurmountable. They get overwhelmed and become filled with frustration, regret, self-loathing, shame and self pity. Their problems seem greater than the human ability to cope and endure. At this point, their denial can no longer completely shield them. Their defenses weaken and they become willing and teachable. They are willing to admit that when it came to "drinking and drugging" there was no way to consistently predict the outcome. Sometimes they got drunk and high and sometimes that was the farthest thing from their minds. It was perplexing and seemed to defy logic; how could they be addicted if they didn't always want more? Yet the evidence of destruction was indisputable. Drinking and drugging kept causing bigger problems. It was no longer recreational. It was a necessary evil and there was no breaking free from its grip. But as willingness grew so did the readiness to get well. They wanted the pain to stop. They were "sick and tired of being sick and tired." It was time to turn their willingness into acceptance and take the next steps towards getting well.

Addicts become encouraged to take further steps in the direction of recovery once they know there are others; millions, who at one time suffered the same fate from self-inflicted problems caused by abusing drugs and alcohol. They all had the same condition in common; their addiction, and somehow it was comforting. For years, new comers have been joining the fellowship of sober addicts; banning together with unity and strength. Crossing that threshold and admitting that they belong in the rooms amongst their fellows has not only been spiritually uplifting but has proven to be a very practical way to turn despair into happiness. The power of many has reached out to help those still suffering and has shown the way when the hand of readiness reaches back with acceptance.

There other helpful services available to addicts. Experts in addiction medicine, counselors and the support from family and church make important contributions during treatment. From them, addicts receive medication, education, coping skills, kindness, understanding and even forgiveness and love. Addicts need only to accept these offerings, some of which are unconditional with no expectation of payback. When addicts begin to feel more and more grateful, the process of self-healing begins as acceptance slowly dissolves away shame, fear, doubt and insecurity. Addicts will begin to recognize that they are not bad people. They are sick and did some bad things. Once they are inspired to do good things, the harms done to others will soften and the repair work commences. Making up for the inflicted damages is something addicts get started on as soon as they get sober. This can take the form of a "living amend," which is a meaningful way to apologize beyond mere words.

Once an addict has completed detoxification they enter a stage of steadily improving mental and emotional stability. They become clearer as the days go by and feel grounded. From this vantage point addicts can take ownership and keep doing what's right instead of only what feels good. Of course they want to leave their

troubles far behind. In recovery, they are taught that there are no short cuts; an easier softer way to get sober doesn't exist. The "way" has already been established along with undeniable proof that it works. Millions of addicts in 12 step recovery are abstaining from drugs and alcohol 24 hours a day. They are willing to support all the new comers who are free to join. Suggestions are given for ways to establish a life of clean living.

At the very beginning of the journey into detoxification, abstinence, sobriety and recovery, addicts will see that there is no problem too great. The resources of recovery can handle every problem through their collective experience, strength and hope. As the addicts surrender to this way of life and stop trying to find a way to win with addiction, they are transformed. Rather than climb into the ring with an opponent who will deliver a merciless beating, they can throw in the white towel and spare themselves from the devastating blows. By surrendering, they win. By choosing not to fight they can't get hurt. By staying away from alcohol and habit forming substances they will never have to experience the obsession and relentless need to get high at all cost. They will no longer have to experience the crushing disappointment of never getting high enough and the price they had to pay for being that way. It is not their fault. It never was. But now they are responsible. That is the way it should be. That is the way it is. They are transformed and accept this with dignity and not dishonor. For they have been shown the way. And the way always works if they work it.

*Jamie R. Smolen, MD, Associate Professor, Chief of Sports Psychiatry, Department of Psychiatry, Division of Addiction Medicine, University of Florida College of Medicine. Dr. Smolen is the author of Hooked, a compelling and true-to-life novel about a teen's near fatal obsession to achieve the ultimate euphoric experience with prescriptions drugs. Hooked is a reality based account of a young man's struggle to surrender his will and choose the spiritual path of recovery. Available at [www.Amazon.com](http://www.Amazon.com).*

## THE SILENT ASSAULT ON AMERICANS WITH ADDICTIONS APOCRYPHAL VIEWS DRIVING PUBLIC POLICY ON ADDICTION

By John Giordano DHL, MAC

Continued from page 26

the myths and deal with the facts. I'm completely confident that if our lawmakers put forth as much force behind passing a comprehensive statewide addiction prevention and treatment policy as they're clearly showing they have in their efforts to get poor people on public assistance to pee in a cup, we'd have far less people on drugs in Florida than we do right now. And it would be a huge savings to Florida taxpayers as well.

One morning I'd like to wake up and read a headline that goes something like this: "Lawmakers Pass Bill That Will Help Floridians Get off Drugs and Back to Work." Unfortunately what I'm seeing strangely resembles "Qu'ils mangent de la brioche;" a French phrase spoken by the disconnected Queen Marie Antoinette when she was informed the peasants had no bread to eat. "Let them eat cake."

*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: [www.holisticaddictioninfo.com](http://www.holisticaddictioninfo.com)*





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