Detox: How to Fight Addiction Safely and Effectively
By Raju Mangrola, MD

The Addiction Brief-Therapy Model
By Dallas Bennett, MA, CADC

IT’S ALL ABOUT
THE MONEY
Important details related to the Global Drug Trade
By Derek S. Maltz, Retired Special Agent in Charge, DEA
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Dear Readers,

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

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

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

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

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

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

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

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

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

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

There are Psychologists and Psychiatrists that specialize in treating people with addictions. There are Education Consultants that will work with you to figure out what your loved ones needs are and come up with the best plan for them. There are Interventionists who will hold an intervention and try to convince your loved one that they need help. There are detox centers that provide medical supervision to help them through the withdrawal process.

There are Transport Services that will scoop up your resistant loved one (under the age of 18 yrs. old) and bring them to the facility you have chosen. There are long term Residential Programs (sometimes a year and longer) as well as short term programs (30-90 days), there are Therapeutic Boarding Schools, Wilderness programs, Extended Living and there are Sober Living Housing where they can work, go to meetings and be accountable for staying clean.

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

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

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

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

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

My son would have been turning 34 this year. Happy Birthday in Heaven.

We are on Face Book at www.facebook.com/pages/The-Sober-World/445857548800036 or www.facebook.com/steven.soberworld, Twitter at www.twitter.com/thesoberworld and LinkedIn at www.linkedin.com/grp/home?gid=6694001

Sincerely,

Patricia
Publisher
Patricia@TheSoberWorld.com

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

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### PALM BEACH COUNTY MEETING HALLS

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According to the American Society of Addiction Medicine, more than 21.5 million Americans 12 years of age or older suffer from a substance use disorder. More over, drug overdose is the leading cause of accidental death in the United States. These concerning statistics demonstrate that addiction is a national epidemic and supporting those on the road to recovery should be the highest priority.

Substance abuse can take many forms, be it alcohol, benzodiazepines, cocaine/crack, marijuana, opiates/heroin, polysubstance abuse, prescription drugs or stimulants/amphetamines. Each addiction comes with a host of complications when attempting to discontinue use of the substance. While the decision to seek detox treatment can be incredibly difficult for either the individual suffering from substance abuse or a concerned loved one, the right detox treatment program can make all the difference on the road to recovery.

After admitting that there is a problem and committing to seek treatment, finding the right place to detox and beginning the road to recovery is the next step. Detox is the process in which a patient removes the addictive substances and toxins from his or her system. When working through medically managed detox, medical professionals administer prescription medication to help a patient stop the use of addictive substances in an environment and manner that is safe and effective.

Attempting to quit an addiction to drugs or alcohol can be extremely difficult, and nearly impossible without the assistance of a detox center. Additionally, stopping the use of drugs and alcohol suddenly can quickly turn into a medically serious situation. Symptoms of withdrawal can include increased blood pressure, hallucinations, delirium and seizures, as well as a host of emotional and psychological disturbances. In addition to the physical symptoms, abruptly stopping the use of drugs or alcohol with out medical assistance will cause very intense cravings for the abused substance, making quitting that much more difficult. There are many quality detox facilities throughout the country, and those suffering from substance abuse have numerous resources to help them achieve sobriety and beat addiction.

Now more than ever, patients and loved ones have access to a great deal of information when it comes to making an informed choice about whether or not to check into a detox facility. Many addicts who have tried to quit their particular addiction on their own seek out detox centers when they have found their withdrawal symptoms too overwhelming to manage. In other cases, family members and loved ones will call an addiction hotline to get advice on the best course of action. Additionally, physicians and rehab facilities will refer patients to particular detox centers that will best serve the patient’s needs. With so many ways to learn about detox treatment resources, patients should be able to find a facility that works best for them.

There are many important factors that go into choosing the right detox for a particular patient: the length of the detox program, the types of medications used, the size of the facility, whether or not a facility is accredited by JCAHO (The Joint Commission on the Accreditation of Healthcare Organizations) and what kind of clinical resources the center has at its disposal. Choosing a detox center that is affiliated or connected directly to a hospital allows the patients to have continuity of care should they need or seek more aggressive medical attention during treatment. The best detox centers will have a high-quality monitoring program, including a 24-hour nursing staff available as well as a doctor who evaluates each patient on a daily basis. In detox treatment, the status of the patient can change dramatically from day to day and changes to medication may be necessary. As a result, a patient should be continually evaluated by a medical professional that is trained in addiction treatment. Additionally, providing a social worker can be key to helping patients with their life outside of the detox center.

Having a hospital connected to a detox facility enables medical staff to continue a detox program without interruption should a patient need specific medical attention. For example, a physician can order a chest x-ray and then continue with the detox treatment right after, rather than having to check a patient in and out of another hospital. Additionally, a smaller sized detox facility can lend itself to a more intimate, soothing environment. Cultivating these best practices has led more and more facilities to seek accreditation from JCAHO, which develops a standard of care for detox centers.

The detox process takes time and yet many facilities try to rush the treatment for insurance reasons. Completing the full course of the detox program is essential to mitigating the likelihood of relapse and falling back into old habits.

Whatever size, style or type of detox an individual ultimately selects, the most important thing is choosing one that works for the patient’s needs and provides the best care and comfort.

After completing a detox program, many patients feel that they can manage their addiction on their own. This common misconception can lead to relapse and thwart the effectiveness of the initial effort to detox. Addiction is a serious health issue, and like diabetes or high blood pressure, patients need ongoing care at different levels during the stages of their recovery. Oftentimes, people suffering from addiction also have co-morbidities such as depression or anxiety. It is crucial that patients take care of both issues simultaneously.

To truly be successful in beating addiction, patients need to enroll in a high-quality aftercare program. There are many different levels of rehab including inpatient and outpatient care as well as other treatment options. Other programs such as AA and NA can be helpful as well as continuing with therapy or counseling. Many detox centers offer aftercare or will refer patients to programs after they complete detox. Aftercare, along with the support of friends and family, will help to ensure that the patient changes the lifestyle that fostered addiction and maintains the good habits formed during the detox program.

Addiction is not shameful. It is a disease. When patients feel empowered to seek out the assistance of medical professionals, they have taken the first step to getting back to the life they deserve.

Dr. Raju Mangrola is an Addiction Psychiatrist and the Medical Director of the Lighthouse Detox at Jupiter Medical Center in Jupiter, Fl. For more information on Lighthouse Detox go to: www.jupitermeddetox.com.
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After working 28 years as a Special Agent with the Drug Enforcement Administration and the last 10 as the Agent in Charge of the Special Operations Division, a Virginia based Operational Coordination Center with participation from over 30 agencies, I learned many disturbing aspects of global drug trafficking which includes the severe consequences of drug addiction. Too often I hear stories about the sudden deaths of young children with bright futures. Over the years, I have listened to many parents crying out loud after finding loved ones dead in their bedrooms after overdosing. I have also witnessed the shrinking budgets of drug education in America and the lack of serious attention from leaders in Washington on this topic. How can we ignore the crisis of drug addiction, death and destruction of families? To make matters worse, we have a national health epidemic that connects to national security matters impacting all Americans.

Drug traffickers are in the business to make money while terrorists need money to operate and achieve their objectives. As President Obama and other national leaders have stated, “terrorists are increasingly turning to crime and criminal networks for funding”. The threat of terrorists and drug traffickers forming a strong alliance is real and emerging quickly as a result of the worldwide demand for drugs and the exorbitant profits made from the business. As state sponsorship of terrorism declines, terrorism fueled by drug trafficking is on the rise. More than ever, this ongoing and expanding crisis needs the proactive attention of government. Sadly, it takes the death of a celebrity like Prince, or affluent children from influential families to grab the attention of the folks who are responsible for dealing with this serious problem. According to the National Center for Health Statistics, there has been a 248% increase in heroin deaths from 2010-2014, according to the Centers for Disease Control, more than 28,000 people died in 2014 from opioid painkillers and heroin, and according to the DEA, more than 46,000 people in the U.S. died from drug overdoses in 2013. Isn’t this alarming enough for Congress and others to get serious about this problem?

Many Parents, teachers and educators have never heard of Spice or K2. They think K2 is a brand name for skiing gear and Spice is a seasoning for meals. The manufacturers and distributors of these dangerous synthetic drugs want non-users to believe its incense or nice smelling potpourri. The creative marketing scheme designed to protect the distributors from prosecution even mark the exotic designed packages, Scooby Snax, King Cobra, Kush Apple, Kong, Magic Dragon and as “not for human consumption”. Meanwhile, parents around the country are finding this synthetic cannabis and the paraphernalia in the bedrooms of their beautiful children as they lay either unconscious, dead or in the middle of a psychotic episode. The public’s perception is marijuana is safe so how bad can synthetic marijuana be? This is an emerging trend that has garnered the attention of the national media organizations, but sadly the public still doesn’t realize that this dried plant substance that is sprayed with chemicals and made in laboratories in China is actually like “poison” destroying so many lives and families. There is no quality control in the labs and the organizations behind the distribution are making tremendous amounts of money. Because the laws are behind and the legal system in America is slow to respond, the traffickers are taking complete advantage and making lots of money.

A disturbing trend that I saw growing as the Director of the Special Operations Division, was that synthetic pot was generating tons of profits and proceeds from this business were being sent to countries in the Middle East from the U.S. organizations. After Project Synergy and a major case in Alabama as part of Operation Red Tide, many wondered why millions of dollars were being sent to Yemen from convenience stores, gas stations and smoke shops selling synthetic drugs on the streets of America. During multiple interviews, reporters always asked, “do we have the smoking gun to support that the millions funneled to Yemen were supporting terrorists”. Unfortunately, there is no proof beyond a reasonable doubt that these funds are going to terrorists and it remains an unanswered question due to limited intelligence. However, as an investigator for almost 30 years, it’s very hard to justify or accept that these large sums of money are not getting into the hands of violent jihadist organizations. If you look at all the evidence and facts relating to Yemen and that the base of operations for AQAP, Al-Qaïda in the Arabian Peninsula, is in that country, it’s certainly not a stretch to think that the people running these U.S. businesses are assisting the AQAP and other groups who need cash to operate. They need funds for training, recruiting, weapons, bribery, explosives, travel and logistics. AQAP is a Sunni extremist group that has conducted numerous high profile attacks targeting the west. There was plenty of suspicious activity developed in the money movements as U.S. banks and law enforcement agencies examined the flows of cash to Yemen.

Since U.S. officials have overwhelming responsibilities in keeping America safe, it’s very difficult to get anyone excited to investigate this emerging problem without the “smoking gun” to support that these monies are supporting the agenda of terrorists. In my opinion this phenomenon is actually a “two for one special” for the terrorists. They can destroy families and kill children in the U.S. by selling synthetic drugs, and at the same time they can make tons of money in the process to support their cause. This is nothing new to DEA as high level Afghan heroin traffickers have stated that selling heroin to customers in the west is part of the global jihad. They can kill and make money at the same time. This is a win-win scenario for the enemy as the U.S. officials continue to debate the topic and disagree on what’s actually happening. It’s clearly more important for the government’s resources to prioritize the investigative efforts on the most pressing threats like when there is an active subject looking to kill innocent people on the streets of America. It’s not possible with limited resources to investigate every aspect of terrorism, but shutting down the funding streams from the criminal activities like selling synthetic drugs in the U.S. will certainly disrupt the terrorist’s activities.

The most important aspect of this article is to understand the larger issues with the drug problem in America. Yes, it’s very sad that our youth are dying and lives are ruined. It’s horrible for parents and families to experience the impacts of drug addiction. It’s the responsibility of our government to educate the great citizens of this country on the other realities of global drug trafficking. The public and policy makers must understand the economics behind terrorism since that’s a critical component of addressing the threat. According to the United Nations World Drug Report, the global drug trade generates approximately $400 billion on an annual basis. It would be very naive to think that radical jihadists in Yemen wouldn’t be benefiting directly from the synthetic drug sales in America when millions and millions are funneled from their U.S. based illicit activities.

Derek S. Maltz was the Special Agent in Charge (SAC) of the United States Department of Justice (DOJ), Special Operations Division (SOD) from May 2005 through July 2014 in Chantilly, VA. SAC Maltz previously held the position as the Associate SAC of the New York Drug Enforcement Task Force. SAC Maltz holds a Bachelor of Science degree in Accounting from Syracuse University. Mr. Maltz retired from the DEA after 28 years of dedicated service and is currently working for Pen-Link Ltd as the Executive Director, Governmental Relations.
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In the first installment of PhRMA U, I brought to light the dissatisfaction many med students have with the lack of material and course study in addiction and its treatment in their curriculums. While professors claimed the education is adequate, hundreds of Harvard med students took it upon themselves to organize their own training. In this installment I’ll expose the shortcomings of the academic/pharmaceutical relationship and its devastating impact on our everyday lives and, in my opinion, how this marriage extends America’s second opiate/opioid epidemic.

According to his Tufts University website bio, Joseph A. DiMasi, PhD is an Associate Professor who holds the position of Director of Economic Analysis & Research with an area of expertise in R&D efficiency, approval success rates, development and regulatory approval time metrics, impact of regulatory policies, economics of innovation in the pharmaceutical and biotechnology industries.

Last April, a group of Tufts students called him out on a paper he published pegging the costs of development of a new drug at $2.87 billion dollars, or an increase of nearly 2 ½ times what he stated the cost to be in 2007. The students claim the $2.87 billion figure is inflated. They also believe the paper’s sole purpose is for the use of pharmaceutical companies to preserve the status quo, increase drug prices and their bottom line. They’re claiming DiMasi’s relationship with the pharmaceutical companies presents a conflict of interest for his research and are calling for him to reveal his pharmaceutical company sponsors. In response, a Tufts professor who is also the Center for the Study of Drug Development’s director stated it’s their policy to not disclose the names of sponsor pharmaceutical companies.

The Tufts’ students were joined by Harvard students and AIDS Coalition to Unleash Power. They first assembled at the Tufts Medical Center then carried signs and chanted as they moved to Tufts Center for the Study of Drug Development – where DiMasi is located – and staged a die-in. According to one demonstrator the die-in was symbolic of people who are dying around the world because they cannot access medicine.

The Harvard student newspaper, The Crimson, stated that the demonstration was a part of a worldwide protest called ‘Pharma Fools Day.’ “The protests took place in 12 cities around the world, including London, Johannesburg, Sydney, and New Delhi, according to movement’s website.”

‘Pharma Fools Day’ raises all sorts of interesting facts and questions that need to be explored. It has shined a bright light on the questionable price increase on all drugs and the lack of access in underdeveloped countries. People are dying preventable deaths because they’re poor. But more to my point, these young med students have also exposed the porous boundary between the pharmaceutical industry and our universities that has had a dramatic effect on growth of the epidemic and the care and treatment of addiction.

There was once a time when notable research universities and hospitals were held in the highest regard. It was a time when science was explored because of the lifesaving impact discoveries could have on mankind; and also a time when cures were found for diseases. I can’t think of a better example then Dr. Jonas Salk and his team of scientists and researchers at the University of Pittsburgh. In the late 40s and early 50s the Polio epidemic was growing and ravaging young American children. Parents were panicking and the country was desperate for a cure. In 1952 – 58,000 cases of Polio were reported that year – Salk and his team began clinical trials on what became the first effective polio vaccine. It was a success and by 1961 only 161 cases were reported in the U.S.

During a TV interview in 1952 Dr. Salk was asked “who owned the patent to the vaccine to which he replied, “The people, I would say.

There is no patent. Could you patent the sun?” Dr. Salk’s vaccine was never intended to turn a profit; but rather to end human suffering and carnage. His discovery nearly eradicated Polio from the face of the planet. That is how it was in the good ole days. It’s also important to note that according to the International Drug Price Indicator Guide, today’s (2015) wholesale cost of a single dose of Dr. Salk’s vaccine is twenty-five cents.

But those days are firmly behind us and perhaps never to be seen again in this great country of ours thanks to an obscure law passed in 1980. In this era, the economy was in the tank and congress was looking for a livelihood to propel it up. With around $75 billion tax-payer dollars a year being spent by government on R&D with a large portion going to universities, patent rights became an economic target. Congress couldn’t agree on any way forward for patents derived from university discoveries whose R&D was financed by tax dollars. There was a stalemate until Democratic Senator Birch Bayh and Republican Senator Bob Dole introduced The Bayh–Dole Act or Patent and Trademark Law Amendments Act that gave ownership of the patents to the universities. Although the initiative was never intended to enrich universities, it did give them the right to negotiate lucrative licensing deals with the private sector.

The Bayh–Dole Act changed everything. It established a business relationship between the medical centers and the pharmaceutical industry. Dr. Salk’s days of concern for humanity have been replaced by PhRMA’s insatiable appetite for profits. It opened the door for PhRMA to walk through with Santa Claus sized bags full of money. Their influences threaten the very core principles of medical research. Independence and impartiality gave way to shady backroom deals hidden from the public view.

Before Bayh–Dole there was an arms-length relationship between pharmaceutical companies and research universities. They’d give grants to universities for testing new drugs and hope for the best. PhRMA had no influence on the study design, the data or subsequent papers written about the test. The success or failure of the drug efficacy laid solely in the drug itself.

Today, the pharmaceutical companies refer to research professors as mere ‘rented white coats’ whose function is to sign off on their new drugs before they go to the FDA for approval. The rented white coats are also expected to sign research papers written by anonymous and unqualified authors toting the efficacy of the new drug – and they often do.

Why do they do it; because it pays well and they can get away with it. Like Tufts’ non-disclosure policy, many of the top research universities refuse to identify sponsor pharmaceutical companies. Today it is common place for a rented white coat to

Continued on page 38
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The Heisenberg Uncertainty Principle is a law of Quantum Physics that tells us that the act of observation will ultimately change that which is being observed. How can this principle developed from studying the movement of subatomic particles possibly help us to improve our recovery and avoid relapse in the real world around us?

On a psychological level, The Uncertainty Principle tells us that being conscious of what we think, feel, and do will ultimately change our way of thinking, feeling and acting. This means that consciousness- the process of being aware, is an important tool for starting and maintaining recovery.

Mindfulness Meditation is an evidenced based system for developing and maintaining conscious awareness of our thoughts, feelings, actions, and other experiences. Although Mindfulness Meditation was developed as a part of Buddhist spiritual practices centuries before the Uncertainty Principle, the two ways of thinking have a lot in common. They both suggest that the doorway to change can happen by consciously observing the things we do.

Mindfulness Meditation is a proven evidence-based practice. Research has demonstrated that recovery rates increase when mindfulness is applied as a recovery tool for addiction and related mental problems such as depression and anxiety. The regular practice of mindfulness meditation is also correlated with improved physical health and a greater sense of well-being.

The Uncertainty Principle is also the basis of another evidenced-based recovery tool called self-monitoring. Self-monitoring is a cognitive behavioral therapy technique that teaches people how to identify and maintain positive changes in irrational thinking and self-defeating behaviors. The process of self-monitoring, which is called “taking a daily inventory” in Twelve Step Programs, is used in the 10th Step which suggests that we regularly take a personal inventory of factors that are important to our recovery. This inventory makes us aware of when we start doing something harmful to our recovery. This awareness gives us the opportunity to recognize and change the problems threatening our recovery and to help get back into a solid process of recovery.

Self-monitoring is the basis of most programs for habit change. Before we can change a habit, we must realize what the habit is. In recovery we must learn to change a myriad of addictive habits learned during our active addiction and as children in our family of origin.

It’s not easy to change habits. There are two reasons why:

1. Once we develop a habit we begin using it automatically and unconsciously. When a trigger goes off we automatically start using the addictive and self-defeating habits. This causes pain and activates other habitual and self-destructive habits that lead back to addictive use as a way to cope with the pain.

2. Once the trigger is activated, the habit is activated. It is a pure stimulus response progress. The trigger goes off, the habit automatically gets turned on and goes on automatic pilot. In other words, the habit takes on a life of its own.

This means that there is no need to be aware of what we are thinking or doing. We don’t need to make a decision to start using the habit. The trigger automatically turns the habit on. Even when we become aware of what we are thinking and doing, it is difficult to turn off the habit.

Changing Habits

The first step in learning to change addictive and self-defeating habits is to figure out what they are and the triggers that turn them on. Once we become aware that we are using a self-defeating habit we can work at changing it. We can also tell other people what we are doing and ask them to help.

The second step is to find and use an antidote behavior, which is another way of thinking and acting that can help us manage the pain and solve the problems that are driving the habit.

We can get other people who understand the antidote habits we need to learn. They can show us new ways of thinking and acting that we can consciously use to challenge and replace the addictive and self-defeating behaviors. This type of learning is best done in a group of like-minded people who are working at identifying and changing the same type of problems.

Habits and Relapse Warning Signs

There are typical patterns of habits that lead from stable recovery into the severe pain and problems that make addictive self-medicating seem like a positive thing. These habits that lead from stable recovery back into addictive use are called relapse warning signs. Many recovery people call this progression of problems BUD, which stands for Building Up to Drink/Drug.

Many people who are starting recovery make the mistake of defining recovery and relapse only in terms of using or not using their drug of choice. If they are not using, they consider themselves in full recovery. Since they believe that everything is ok, they don’t even look for the addictive and self-defeating habits called relapse warning signs which can lead them back into addictive use. These relapse warning signs develop slowly and go unnoticed, causing progressive pain and problems. Because the habits causing the pain and problems are unnoticed and on automatic pilot, they often progress until the pain becomes unbearable and self-medicating with alcohol or other drugs seems like the only alternative to going crazy or committing suicide.

Relapse Prevention Therapy (RPT)

Relapse Prevention Therapy (RPT) is an evidence-based approach to recovery. RPT defines relapse as a process of experiencing so much pain and becoming so dysfunctional in recovery that self-medicating seems like a reasonable choice and perhaps the only way to get relief.

RPT based upon solid research demonstrates that a predictable series of addictive and self-defeating behaviors usually lead from stable recovery back to addictive use. In other words, relapse does not begin with addictive use. It begins when a trigger event activates deeply entrenched habits of addictive thinking and self-defeating behavior. Each of these habits is called a relapse warning sign and one warning usually leads to another more harmful warning sign until we get overwhelmed with the pain and the problems. The relapse process works like this:
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PART 1:

Learning Goals:

1. To understand the biological part of addiction. This will expose your enemy within and reduce a significant amount of shame.
2. To finally realize “why” you continue to do things that hurt yourself and your family even though you really don’t want to.
3. To gain knowledge about how each different neurotransmitter chemical is effected by using and abusing drugs and alcohol.
4. To answer the question of why you couldn’t say no to that invisible magnet pulling you and making you do what you promised you would never do again?

ASAM - Definition of Addiction:

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Have you ever asked yourself one or both of these two questions?

1. Why do I continue using and hurting myself and my family even though I really don’t want to do it?
2. Why can’t I say no to this invisible magnet pulling me and making me do things I promised I would never do again?

If you’ve never asked yourself one of these questions, and you keep using drugs, give it a little while and you’ll eventually ask yourself one or both of these questions. If you have asked yourself one or both of these questions, hang on and allow us to explain.

Basically, your brain is made of two parts: a top part and a bottom part. The top part of your brain is called the neocortex; the Real You. The bottom part of your brain is called the midbrain; the animalistic part of your brain. We refer to this as your Beast Brain.

Neocortex: (Real You)

The neocortex allows you to be conscious, to think, to have language, to control your voluntary muscles, to solve abstract problems and have consequential thinking in which to plan and reach goals.

Your neocortex is “you,” and you are capable of defeating any appetite, even for oxygen or food. (Anyone can stop breathing until unconscious or stop eating until dead.) Your voluntary muscles (hands, feet, etc.) are “wired” directly to your neocortex -- to the real you.

The real you (neocortex) originally did not want to use drugs. It had no desire to have to deal with the stressful consequences of addiction. It never did. You (neocortex) want to be a good parent and spouse, a productive member of society and live a healthy productive life with joy and peace.

Midbrain: (The Beast)

Your midbrain’s primary mission is to keep you alive. It’s built for one reason – survival.

The midbrain is where you get the uncontrollable desire to drink water and eat food so that you can stay alive. It controls the automatic functions of your body; it keeps your heart beating, lungs breathing and eyes blinking.

Your beast-brain is essentially a quadriplegic, unable to get what it wants, unless you give it what it thinks it needs. Drugs and alcohol warp or twist the function of the midbrain’s real survival needs.

Once you start abusing drugs and alcohol it perverts the midbrain and eventually makes people feel willing to do most anything to continue the use of that substance -- even if it means the loss of everything else that is important. The midbrain “Beast” is ruthless, cunning and baffling in getting what it thinks it needs to survive.

Midbrain Chemicals

(Neurotransmitters)

These chemicals are stored in a small organ located near the bottom of your midbrain. In order to keep this simple we’ll call this organ a pump. It looks similar to a bulb used to clean out a baby’s nose. This pump is full of different chemicals. These chemicals give you feelings.

Basically, most everything you experience in life stimulates this pump. The pump releases chemicals and gives you a feeling. The feelings are everything from A to Z; anger, happiness, sadness, pleasure, anxiety, excitement, etc....

God intended for you to experience all these emotions when he created your midbrain pump. He wanted you to have fun, be adventurous, cry, laugh, and enjoy life within the parameters of goodness and without moving into sin. He also wanted you to feel sad and angry at times. Sadness is part of the grieving process and anger is normal too. The bible says be angry and sin not. He wanted you to be a human being full of emotions.

Listed below are seven chemicals and the normal feelings they should give you. Let’s now look at these chemicals and how they normally work in life.

<table>
<thead>
<tr>
<th>CHEMICAL</th>
<th>FEELINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dopamine</td>
<td>Pleasure and Reward</td>
</tr>
<tr>
<td>Serotonin</td>
<td>Calmness, Sleep and Sadness</td>
</tr>
<tr>
<td>Endorphin</td>
<td>Pain</td>
</tr>
<tr>
<td>GABA</td>
<td>Anti-Anxiety</td>
</tr>
<tr>
<td>Epinephrine</td>
<td>Anger, Fear, Flight/Flight, Freeze</td>
</tr>
<tr>
<td>PIP</td>
<td>Caring, Love, Relationship</td>
</tr>
<tr>
<td>Acetylcholine</td>
<td>Perception, Movement and Memory</td>
</tr>
</tbody>
</table>

Dopamine:

Dopamine is released when you catch a big fish, watch your son slide into second base, cheer for your favorite team when they score the winning point, listen to your daughter sing at a Christmas play, ride a roller coaster, eat good food, have sex and do anything that brings you pleasure and gives you a sense of reward.

Serotonin:

Serotonin is released as you start getting sleepy. The release of this chemical is how we all go to sleep. It’s also released when you have a need to calm down, relax and feel sad.

Endorphin:

Endorphins are released when you experience pain. If you hit your
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Addiction is a serious public health issue which impacts millions of people across our country. According to the 2014 National Survey on Drug Use and Health, "approximately 21.5 million people age 12 or older in 2014 had a substance abuse disorder (SUD) in the past year". The City of Riviera Beach Civil Drug Court sees the impact of substance abuse disorders each day as it receives petitions from individuals and family members seeking the court’s assistance in finding treatment for themselves or their loved ones. The Marchman Act Court uses civil court proceedings to involuntarily order individuals to be assessed for substance abuse disorders and treatment if deemed necessary.

In 1970, the Florida Legislature enacted Chapter 397 governing the Treatment and Rehabilitation of Drug Dependents. The following year, it enacted Chapter 396 titled the Myers Act as the State’s “Comprehensive Alcoholism Prevention, Control, and Treatment Act”, modeled after the federal Hughes Act. Each of these laws governed different aspects of addiction by way of different Florida Administrative Codes (or set of rules) promulgated by the State to fully implement the respective pieces of legislation.

In 1991, under the leadership of Judge Edward Rodgers (Ret), the City of Riviera Beach established a community civil drug court pilot project; the first of its kind in the nation. Responding to a direct need to provide an alternative to incarceration for citizens battling the disease of addiction, the Community Drug Court Pilot Project which is also known as the Saturday Civil Drug Court was designed to reach citizens in need of court ordered services who were either unable to recognize their need for treatment and/or unable to obtain the treatment service(s) needed to begin their recovery. Today the City of Riviera Beach Civil Drug Court is governed by the Marchman Act and the Fifteenth Judicial Circuit Administrative Order (AO No. 6.305-7/11).³

In 1993, Representative Steven Wise of Jacksonville introduced legislation to combine chapters 396 and 397 of Florida Statutes into a single law that clearly spelled out legislative intent, licensure of service providers, client rights, voluntary and involuntary admissions, offender and inmate programs, service coordination, and children’s substance abuse services. The statute was named the Hal S. Marchman Alcohol and Other Drug Services Act of 1993 - generally referred to as the Marchman Act. The Act was named after Rev. Hal S. Marchman, a tireless advocate for persons who suffered from alcoholism and drug abuse and who was recognized by the legislature for his contributions addressing the delivery of substance abuse services. The Marchman Act user reference guide defines “substance abuse impaired” to include a “condition involving the use of alcohol or any psychoactive or mood-altering substance in such a manner as to induce mental, emotional, or physical problems and cause socially dysfunctional behavior.”⁴

The Marchman Act proceedings involve the respondent: adult or minor (under 18 years of age) that is alleged to be substance abuse impaired and a petitioner: the person(s) alleging that the Respondent is substance abuse impaired. Depending on the whether the respondent is an adult or minor, different persons are able to file a petition with the court, seeking a court ordered involuntary assessment and/or court ordered treatment for the respondent. Typically, the Marchman Act process begins with the filing of a petition alleging that the respondent is substance abuse impaired with the Clerk of the Court at any of the three court locations in Palm Beach County, or at the City of Riviera Beach Civil Drug Court.

While petitioners can file a petition in any of the court locations across Palm Beach County, the City of Riviera Beach Civil Drug Court providers additional and encompassing case management services that facilitates timely and responsive assessments and treatment if necessary. When compared to the other court locations, the City of Riviera Beach Civil Drug Court provides direct client services related to outreach, case management, intervention and education to chemically dependent persons and coordination of continuing support services to families prior to and after treatment program and/or other services.

The City of Riviera Beach Civil Drug Court is unique, as the court considers petitions on Saturdays to accommodate family schedules and the necessity to work during the week. In addition, these proceedings consider petitions and the results of assessments on site on the same day, rather than holding separate proceedings on different dates. If the assessment finds that the respondent is in need of treatment, the court may order involuntary treatment on the same day as well and transport the respondent to treatment immediately. The case management component also provides financial assistance for indigent clients in a timely manner when compared to other court locations.

In 2014, the Palm Beach County Criminal Justice Commission presented the findings of an outcome evaluation which examined the effectiveness of the City of Riviera Beach Civil Drug Court. The evaluation compared recidivism² outcome for respondents between the City of Riviera Beach Civil Drug Court and the other court locations in Palm Beach County. The following chart shows that when compared to the other court locations, the City of Riviera Beach reported a 5.1% lower recidivism rate – or a relative reduction in recidivism of 21%.

Lastly, in addition to the Saturday morning court proceedings (9:00am to 12pm), the City of Riviera Beach Civil Drug Court operates Monday through Friday, 8:30 am until 8:30 pm. Petitions are received daily until 5:00 pm and evening hours (5:00 pm – 8:30 pm) are reserved for the service of court appearance summons. There is no cost associated with the filing of a petition. The City of Riviera Beach Civil Drug Court can be contacted at the following location:

Address: 2051 Dr Martin Luther King Jr Blvd # 116
West Palm Beach, FL 33404
TelephoneNumber: (561) 840-4824
Email: Civildrugcourt@rivierabch.com
Website: http://www.rivierabch.com/cdc


² Recidivism is defined as arrested and convicted of one or more offenses within three years of exiting treatment.

Felicia A. Scott was named Program Manager of the City of Riviera Beach Civil Drug Court (CDC) in 2001. Felicia graduated from the Tuskegee Institute with a BS in Sociology.

Felicia Scott, BA Sc. Program Manager

Three Year Recidivism Rate

<table>
<thead>
<tr>
<th>Year</th>
<th>Recidivism Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>22.5%</td>
</tr>
<tr>
<td>2013</td>
<td>15.3%</td>
</tr>
<tr>
<td>2014</td>
<td>16.5%</td>
</tr>
</tbody>
</table>

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West Palm Beach, FL 33404
TelephoneNumber: (561) 840-4824
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The City of Riviera Beach Civil Drug Court is unique, as the court considers petitions on Saturdays to accommodate family schedules and the necessity to work during the week. In addition, these proceedings consider petitions and the results of assessments on site on the same day, rather than holding separate proceedings on different dates. If the assessment finds that the respondent is in need of treatment, the court may order involuntary treatment on the same day as well and transport the respondent to treatment immediately. The case management component also provides financial assistance for indigent clients in a timely manner when compared to other court locations.

In 2014, the Palm Beach County Criminal Justice Commission presented the findings of an outcome evaluation which examined the effectiveness of the City of Riviera Beach Civil Drug Court. The evaluation compared recidivism outcome for respondents between the City of Riviera Beach Civil Drug Court and the other court locations in Palm Beach County. The following chart shows that when compared to the other court locations, the City of Riviera Beach reported a 5.1% lower recidivism rate – or a relative reduction in recidivism of 21%.

Lastly, in addition to the Saturday morning court proceedings (9:00am to 12pm), the City of Riviera Beach Civil Drug Court operates Monday through Friday, 8:00am until 5:00pm. Petitions are received daily until 5:00 pm and evening hours (5:00 pm – 8:30 pm) are reserved for the service of court appearance summons. There is no cost associated with the filing of a petition. The City of Riviera Beach Civil Drug Court can be contacted at the following location:

Address: 2051 Dr Martin Luther King Jr Blvd #116
West Palm Beach, FL 33407
Telephone: (561) 840-4824
Email: CivilDrugCourt@rivierabch.com
Website: http://www.rivierabch.com/cdc

THE THIRD ANNUAL ART OF RECOVERY
By Mo Maynor and Cynthia Weseman

The pain of addiction and the beauty of subsequently getting sober has led to amazing expressions in the form of art. Addiction strips many people of their creative talent, but once sober, they are able to find their inner-self through various art mediums. A remarkable passion for life is shown by those in recovery through music, painting, poetry, dance and other artistic avenues. The third annual Art of Recovery event seeks to once again unite those in recovery through these mediums. This event will be held on Saturday, September 24th at The Duncan Theater at Palm Beach State College.

Manny Mendez is one such individual whose artistic talents had been muffled by years of addiction. It was only in the stark confinement of prison that Manny was able to find recovery, and through artistic expression, show the beauty within. After gaining his freedom, not only from the confines of prison but also from his drug addiction, Manny set out to help others. He had the idea to unite those in recovery through their artwork. Two years ago, he and Vic James came to Mo Maynor and Cynthia Weseman at Within: Books Boutique Café with the idea to create an event that would bring artists in recovery together. Through their brainstorming and diligent planning, the Art of Recovery was born.

The Art of Recovery event has grown into the preeminent showcase for the recovery community in South Florida to display their artistic talents. With 12 step meetings, recovery socials, and a large collection of recovery-based literature, medallions and gifts, Within: Books Boutique Café, also known as Within, has become a go-to in the local recovery scene. In past years, Within was filled wall to wall with art, performers and patrons to celebrate The Art of Recovery.

In its inaugural year at Within, with the help of Manny and Vic, the Art of Recovery event hosted various Floridian artists. The event featured an open mic, and artists performed various works including spoken-word poetry, individual songs, band acts and more. Throughout Within, people enjoyed a night of fellowship, good coffee, and the arts. The proceeds went to support the production of a documentary directed by Manny about how family members are affected by addiction. The film, Foreel: Women's Stories, was first featured at the Art of Recovery and went on to win the 19th Annual Palm Beach Film Festival. The film was later featured in New York and Los Angeles Film Festivals.

The second year, the event grew even larger. The Art of Recovery became an annual fixture in the local recovery community. Its impact has been meaningful for many artists, such as the 2015 winner, Sara Lurie, a mixed-media artist. It was Sara’s first time displaying her work publicly. Despite this, her art was awarded first place, and she has since moved to Los Angeles to pursue her passion of being a full-time artist. Her art has gone on to be featured in The Miami Herald, Art Basel and other various galleries. She now works full time in an art studio and loves the California recovery community.

Due to the overwhelming success in previous years, the venue has been expanded this year from Within to The Duncan Theater. The European-style theatre will allow for art to be hung professionally throughout the venue. Headlining the performances this year will be the award-winning singer/songwriter Elizabeth Edwards. Elizabeth found her passion for music again after seven years of sobriety. Elizabeth has been in long-term recovery for nearly three decades and now uses her songs to carry messages of recovery and hope. Her venues have shifted from jazz festivals to recovery conferences, symposiums as well as collegiate recovery programs. There, she is able to expose her music and message to students who are sustaining their sobriety while pursuing a degree. Elizabeth’s passion for recovery shines through in her music, and we are looking forward to hearing songs from her latest album, House of Mirrors.

Elizabeth has traveled extensively, not only performing musically but also running clinical workshops. During her time here, she will be running a workshop for patients in treatment. The primary clinical group she runs is an interactive workshop called “The Power of Music and Art in Recovery.” Elizabeth uses her skills as a songwriter to encourage others to express themselves in the form of art and music. Elizabeth works extensively alongside fellow people in recovery to promote the importance of artistic expression in the healing and recovery process. She is dedicated to raising funds and awareness for this cause. For more information about attending Elizabeth’s limited-seat workshop, please contact Within at info@withinbookscafe.com.

Opening for Elizabeth at 6:00 pm will be the band Recovery Unplugged. They will be performing songs from their latest album “Enemy,” which was written by Richie Supa. The group is comprised of musicians in recovery with songs related to addiction and recovery. Following these acts, there will be a multitude of artists performing on the center stage during the open mic from 8:30 pm to 10:00 pm. There is expected to be submissions of art and attendance from several hundred artists in the recovery community.

We hope you will attend the Art of Recovery being held during National Recovery Month on Saturday, September 24th starting at 5:00 pm. Within will be providing refreshments for those in attendance as they view and watch the various arts. We are thrilled to be showcasing the exciting new features and performances that have been added to this year’s event. Tickets for the event are $20 each.

Those who submit artwork are eligible to win the grand prize of $500-worth of custom professional framing. There will also be raffle tickets sold to attendees at the event for a chance to win an iPad. The Art of Recovery is always excited to welcome new artists, and for those who wish to make submissions of their art, please contact info@withinbookscafe.com.

None of this would be possible without the tireless efforts of the committee who is responsible for putting on this event. A special thanks to Manny Mendez (Co-Founder & Foreel Recovery), Vic James (Co-Founder), Mo Maynor (Co-Founder & Within), Cynthia Weseman (Co-Founder & Within), Rachel McKeegan (Consultant), Ralph Decurzio (Recovery Unplugged), George Stoupas (Palm Beach State College), Kelly Martinelli (Consultant), Melissa & George Hepburn (Art Enthusiasts), Lindsay Plunkett (The Treatment Center), Sarah Ann Gallagher (Artist), Emily Shotland (A New Start), and Helana Cabral (Transformations).

Date: Saturday, September 24th
Time: 5:00 pm – 10:30 pm
Location: The Duncan Theatre
Palm Beach State College
 Tickets Available at Within Books Boutique Café
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Cost: $20
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GOLF AND ADDICTION RECOVERY?

South Florida is known globally for golf courses and addiction treatment resources. You would be amazed to know that the same strategies used in your golf game can help in addiction recovery, whether you are a scratch golfer or a beginner.

Emotional mastery and composure, identifying things that you can manage, what you cannot control and being present in the moment are prime examples of techniques that can improve your game and life. Defining oneself not by performance, setting goals that are possible and believing in self can be learned.

If the substance abuser is motivated internally to enter treatment instead of at the urging of loved ones, friends and colleagues, their chance of recovery is so much better. For that reason, addiction programs are dual purpose now. They are designed to engage potential people looking for recovery. Holistic amenities may attract woman, wilderness adventures for young adults or golf swing instruction and play for sports minded boomers and seniors. These added activities make addiction treatment more relevant. For instance, if one was able to improve their golf swing as well as learn to enjoy life sober, one may consider participating.

Of course, solid medical and physiological services are still the basis of treatment. But to some, the addition of golf makes the process feel more like a positive experience than a punishment.

Golf alone is not enough for successful long term recovery, but lessons learned during play can make a big difference in the course of life.

Addiction Reach manages the practices of treatment providers that offer customized concierge addiction recovery services for individuals, couples, and families in all stages of recovery, including GOLF THERAPY. For a complimentary consultation call 561-427-1900 or visit www.addictionreach.com
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• Recovery Unplugged Band Opening Act
• Recovery Musician Elizabeth Edwards
• Open Mic

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Lindsay Sober Since 2013
Fall means back to school. For many incoming college freshmen, the transition from high school to higher education is challenging. Because the nature of the transition is difficult, many university professionals develop and teach transition courses to support new students in making the necessary changes to be successful. These transition courses cover the logistics of starting school (e.g., advising, course selection, paying for school, library systems, etc.), and also delve into the emotional, psychological, and physical aspects of adapting to a new environment. Covering topics such as finances, safe sex practices, study habits, nutrition, relationships, and learning styles has the potential to help students if they choose to implement what they have learned into meaningful action.

This transition to university life can be even more challenging and life-threatening for college students who are in recovery from alcohol, drugs, or other behavioral addictions. Recovering students are tasked with figuring out the “normal” transition between high school and college along with the additional goal of learning to navigate their recovery in what can be a hostile environment: a college campus.

At Texas Tech, I am fortunate to teach a freshmen transition course for students in recovery. In my experience, teaching this course and working with many students in recovery, I have seen the importance of implementing and following through with recovery plans. Recovery plans are also incredibly important in extending the continuum of care after addiction treatment is completed. Regardless of the environment, students in recovery who implement and follow through on their recovery plan are most often successful.

In simple terms, a recovery plan is a well thought out plan of empowerment and action regarding recovery and wellness. It is important that students in recovery take ownership of their personal plan creating meaningful action items that promote their growth and development.

When developing a recovery plan, students must ask, “What are the important areas in my life and in my recovery that I need to focus on now?” Identifying priority areas and creating action steps within these areas are critical. These areas and steps need to be reviewed and renewed on an ongoing basis to be effective.

Listed below are 5 Key Components to a Successful Recovery Plan.

1. Recovery Plans are Intentional, not Magic
Recovery isn’t magic. It’s hard work. Viewing recovery in a light-minded way or approaching it haphazardly is dangerous. No one is successful in their recovery by doing things by accident or hoping recovery will magically happen. On the contrary, recovery plans must be deliberate and well thought out. Persons in recovery must voluntarily develop, implement, and commit to a meaningful plan. Being intentional about what areas of life and recovery need attention and being deliberate about the actions necessary to be successful is a powerful tool. For example, if you have experienced past trauma and it is currently causing you problems, a reasonable action plan item is to seek therapeutic help for the trauma. The action is implemented as you see a therapist and attend therapy.

2. Mechanisms of Accountability
Accountability is essential. Students in recovery must review and renew their recovery plan often. Having mentors and peers willing to hold an individual accountable for their planned and stated actions is an important step to maintaining long-term recovery. Accountability assumes a level of transparency by disclosing the plans made and also gives others permission to lovingly, but strongly, engage and confront students when actions are not completed. For example, a student creates a plan to study at a certain time every day and discloses that plan to a mentor giving permission to hold them accountable. The mentor then follows up and supportively holds the student accountable for that commitment.

3. Connection and Community
Recovery plans must include opportunities for connection with mentors and peers. Finding and interacting with these influential individuals is vital to feeling connected to others. These connections create valuable opportunities to reach out for help during vulnerable times. Recovery plans should include frequent planned community connections (e.g., 12 step fellowship meetings) as well as individual time with mentors such as sponsors. Also vital to connection and community is participating in social activities with others who share the same core values. For example, a student in recovery makes a plan to attend three recovery meetings each week, specifically identifying the meetings they will attend. The student follows through with the plan connecting with their peers in recovery.

4. Service
Service is important. Giving of our time, talents, and resources to help those who are less fortunate or are not as far along in the process of recovery is a key step to maintaining recovery. Service allows a person in recovery to gain perspective, to foster gratitude, and to get out of one’s own head (e.g., thinking that everything is about you… it’s not!). Without service to others, a recovery plan remains a selfish endeavor. For example, a student in recovery chooses to serve at a local animal shelter, a cause close to their heart. They go to the animal shelter, attend the service orientation, and serve once a week for 4 hours.

5. Self-Care
Recovery plans need to include goals and actions regarding self-care. Consistency in self-care activities helps to reduce stress and promotes wellness. Self-care (e.g., meditation, exercise, reading, hiking, etc.) is highly personal. As recovery plans are implemented and modified, students discover activities and efforts that are good fits for them and help them thrive in a demanding and stressful environment. The importance of self-care in recovery plans cannot be overstated. For example, a student in recovery makes a goal to meditate 5 mornings a week for 30 minutes. Each day they make a point to wake up and meditate, sleeping in on the weekends.

Utilizing a recovery plan can make a huge difference for students in recovery who are transitioning from high school to college. In my experience, students who implement and follow through with an intentional plan are highly successful. Failure to be intentional, to be held accountable, to be connected to a recovery community, to serve and to practice self-care can be life-threatening. It is important to not leave recovery to chance – never expect recovery to magically happen.

Thomas G. Kimball serves as the Director of the Center for Collegiate Recovery Community and holds the George C. Miller Family Regents Professorship at Texas Tech University. He is co-author of the book, Six Essentials to Achieve Lasting Recovery, Hazelden Press. He is also a Clinical Director with MAP Health Management, LLC.
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SHOULD WE BEGIN GENETICALLY TESTING CHILDREN FOR VULNERABILITY TO REWARD DEFICIENCY SYNDROME (RDS) AND INTERVENE WITH PRO-DOPAMINE REGULATION?

Kenneth Blum, Ph.D., DHL

Have you ever wondered why so many people in America and across the globe are falling victims to the chain of addictive behaviors - part of the worst epidemic in the history of the world? The answer is in—part both genetic and environmental (epigenetic). Recently, researchers found that epigenetic effects on the chromatin structure of our DNA are a legacy that passes from generation to generation.

Scientists like Stephen Hawkins suggest that we are made up of self—assembled molecules generated over 14 billion years. More interesting is that we as Homo sapiens differ in our DNA by only 0.5%. New findings show that each human has on average 60 new mutations compared to their parents. Even more remarkable, the human brain contains billions of neurons working in concert to provide us the gift of “well-being” free of mental disease and stress. The number of neurons in the brain varies dramatically from species to species. One estimate (published in 2012) puts the human brain at about 85 billion neurons and approximately 85 trillion synapses. It turns out that 20% of our entire body’s energy is budgeted to keep our brain working normally. The differences between individual humans are the 4.25 billion neurons and 4.25 trillion synapses that make us unique.

This known difference affects the 7.4 billion humans that roam our earth working and living together to achieve some degree of productivity and happiness. However, as the world turns, 21st-century humans are faced daily with reminders of terrorism and horrific diseases that arise because these genetic and epigenetic differences lead to fatalities not just from cancer but from mental impairments that influence billions of neurons and trillions of synapses. This molecular rearrangement of our genome makes each of us unique. For example, how dopamine functions in our reward system may also be unique. One example among other gene variations involving brain reward is that genetic differences account for the presence of Attention Deficit/Hyperactivity Disorder (ADHD), a subtype of Reward Deficiency Syndrome (RDS) in approximately 8 to 12% of children in the United States and 4% of adults worldwide. You also may be surprised to know that, at birth, an estimated 100,000 million people in the United States carry a form (allele) of just one genetic variation that involves brain dopamine D2 receptors. The allele (DRD2Taq A1) is associated with 30-40% lower D2 receptors in the brain. So what does this mean regarding our romance with getting high—“turning on” and “turning off” with potent psychoactive drugs (e.g. alcohol, cocaine, and opiates) and resultant addiction and fatalities seen in our kids?

In 1990, the first association of a variant (A1) on the dopamine D2 receptor gene (DRD2) and severe alcoholism was discovered and published by Noble & Blum et al. in JAMA. Later experiments showed that individuals who carry this variant have 30-40% lower dopamine receptors than DRD2 A2 carriers. Being born with this single gene variation (DRD2 A1 form), that causes low dopamine receptors, sets an individual up to have a high addiction risk (vulnerability) to any substance or behavior that stimulates the neuronal release of dopamine. In fact, in 1996, my laboratory used a mathematical model (called Bayesian Theorem), to predict that an individual born with the A1 allele (variant) has a 74.4% risk of developing a RDS behavior like an addiction. People with that allele will have an initial acute response to using a psychoactive drug or experiencing pathological gambling, or whatever behavior stimulates enough neuronal dopamine for them to feel normal possibly for the first time. Unfortunately, chronic consumption/experiences lead epigenetic changes that further reduce dopamine receptor numbers and a stronger need to abuse can lead to unwanted, uncontrollable behaviors and even narcotic overdose followed by death.

How were the genes involved in reward found? The chemical messengers (neurotransmitters) in the brain are like keys that turn on various functions of genes. The neurotransmitters that participate in evoking pleasurable feelings, in the reward circuitry, work in a cascading fashion throughout the brain. These interactions (the Brain Reward Cascade) may be viewed as activities of subsystems within a larger system, taking place simultaneously or in sequence, merging in cascade fashion toward a specific effect. The goal is the generation of feelings of well-being by the eventual release of just the right amount of dopamine at the reward site. In this scenario, there are at least seven major neurotransmitters and their pathways are involved: serotonin, cannabis, endorphin (enkephalin), GABA, glutamine, acetylcholine, and dopamine. There are thousands of published studies about these reward genes and pathways that influence the function of these named neurotransmitters. This research involved the identification of gene (DNA) variations or alleles that individuals are born with and epigenetic (environmental RNA) changes that may alter the healthy, intended function of DNA.

Dysfunctional DNA is due to what is referred to as single nucleotide polymorphisms, frequently called SNPs (pronounced “snips”). SNPs are the most common type of genetic variation among people. Each SNP represents a difference in a single DNA building block, called a nucleotide. For example, a SNP may replace the nucleotide cytosine (C) with the nucleotide thymine (T) in a certain stretch of DNA. SNPs normally occur throughout a person’s DNA. They occur once in every 300 nucleotides on average, which means there are roughly 10 million SNPs in the human genome. Most commonly, these variations are found in the DNA between genes. They can act as biological markers, helping scientists locate genes that are associated with disease. When SNPs occur within a gene or near a gene (in a regulatory region), they alter the gene’s function. If these SNPs show up in the Brain Reward Cascade-set of genes, the neurotransmission will be dysfunctional resulting in a loss of dopamine regulation or balance (homeostasis). Too little dopamine will at birth predispose people to “want”, “like” psychoactive drugs or even behaviors like hypersexuality and gambling. Compromised DNA with risk variations (alleles) can predispose them to become victims to the chain of addictive behaviors.

Following 25 years of extensive research from many scientists worldwide, a panel of eleven reward gene risk variants called the Genetic Addiction Risk Score (GARS) has been developed. When GARS was compared to Addiction Severity Index (ASI) used in many clinical settings, it was found to significantly predict the severity of both alcohol and drug dependency.

Continued on page 42
Certifying safe and dignified recovery residences for individuals seeking peer-supportive housing.

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

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

In conjunction with DCF, Sunset House also maintains The American Society of Addiction Medicine or ASAM criteria. This professional society aims to promote the appropriate role of a facility or physician in the care of patients with a substance use disorder. ASAM was created in 1988 and is an approved and accepted model by The American Medical Association and looks to monitor placement criteria so that patients are not placed in a level of care that does not meet the needs of their specific diagnosis, in essence protecting the patients with the sole ethical aim to do no harm.
These are not our finest hours.  
As a nation, we are frustrated and pessimistic. Anger continues, no longer pent up, but boiling over in public displays of raging confrontational vitriol. The bar has been lowered, hovering closer to the fetid, stinking bottom of human waste. Pervasive and continuous, each powerful undertow brings another crashing wave of destruction.

It has been the cruelest winter of our discontent. We are angry and cynical. The perception is that things are getting worse. TIME Magazine unveiled the latest results of The Harris Poll Happiness index to calculate American’s overall happiness. The poll found that 1 in 3 Americans (31%) are very happy this year, but down from 1 in 3 (34%) in 2015. In its inaugural year the happiness Index stood at 35 (out of 100). Eight years later, Happiness has gradually slipped to 31, indicating a downward trend.

Frozen in ideological rhetoric, Democrats and Republicans have engaged in no-holds-barred guerilla warfare. Political discourse and language have gotten shoddier, voices of moderation muted. Ugly oratory, crossing a once sacrosanct line, has become our new reality. And, it is taking its toll.

Human Wrecking Balls
America has endured nearly two decades of a stagnant government offering little compromise or negotiation. Gallup’s June, 2016 poll found 80 percent of people in the United States disapproved of Congress and their ineptness. Our collective national malaise can be traced to the trickle-down effect of a dysfunctional political system that pledges allegiance to special interests rather than to the taxpayers.

Taking root during the insipid George Walker Bush administration, our frustration smoldered for 16 years continuing into the regime of President Barack Hussein Obama II. Bush, boasting of “Compassionate Conservatism,” was called an ineffective leader who, in the face of a national crisis, led us into the wrong war. Obama, promising a “Change We Can Believe In,” was labeled a Muslim, a Socialist and non-American. His citizenship was questioned and Senate Minority leader, Mitch McConnell of Kentucky, vowed to make Obama a one-term president.

That angry and vile oratory has bred a cadre of individuals, all working outside the lines, all violating traditional concepts of ethical protocol. Some are worse than others; human wrecking balls intent upon total destruction of their ideological rivals. Using classic slash and burn savagery, they resorted to name-calling and schoolyard bullying tactics.

Martin Bashir, Glenn Beck, Ted Nugent, Bill O’Reilly, Howard Stern and Donald Trump have been scrawled on this dubious list. Nugent, a right wing extremist and militant, when interviewed in 2014 by Guns.com, assumed his new role as hate speech advocate proclaiming, “I have obviously failed to galvanize and prod, if not shame, enough Americans to be ever-vigilant not to let a Chicago communist-raised, communist-educated, communist-nurtured subhuman mongrel like the ACORN community organizer gangster Barack Hussein Obama to weasel his way into the top office of authority in the United States of America.”

Protected by the First Amendment to the Constitution, Ted Nugent used his Freedom of Speech to speak “without censorship or restraint by the government” and call our Commander in Chief “a subhuman mongrel.” Some would argue that although he was legally allowed to do this, there was an ethical line that was crossed. And Martin Bashir, fired from MSNBC in late 2013, after his vile tirade charged that Sarah Palin deserved to be punished by having someone defecate into her mouth, drove the rhetoric to a new low.

Lack of Community
America was founded on principals of a representative democracy where every citizen had voice and minority rule allowed for compromise and inclusion. There was room for everyone at the table.

Our nation was a collective group identity that shared work ethic, values, love of country and sense of worth. Citizens were secure in knowing that they were a part of a colony, a group affiliation, where each member helped the other. It was this prized sense of community that made our country great. But, it is the lack of community that is slowing eradicating America’s wonderful experiment in democracy.

We are a nation united in righteous anger. Mad and fuming, our crosshairs lock upon every institution in the country. A pervasive anti-establishment mood smoothers us like an industrial tarp. None are immune. None sacrosanct. Bureaucrats, wall street executives, career politicians, illegal immigrants, church, state and the media. It is open hunting season and all are fair game. None will be spared.

Voices of the conservative right wing Tea Party and Donald Trump supporters resonate with the masses. These messengers advocate for a revolution that values political outsiders above career politicians. They value non-traditional attempts at resolution as the pendulum has swung dramatically towards their side.

Many of our citizens view the glass as being half empty. We are not the hopeful, optimistic people our founding founders had envisioned worshipping God, country and community, but a nation worshipping instant gratification, celebrity idols and addiction to drugs and technology.

Isolated and polarized, America is disintegrating into 30 million disparate pieces. Retreat into ourselves, we pursue individual freedoms but not individual responsibility and love of neighbor. We are losing the capacity to tolerate and to trust and are losing that important connection to others. Someone needs to sound the alarm. We are near the point of no return and we may not easily get the genie back into the bottle.

Maxim W. Furek, MA, CADC, ICADC is passionately researching the essence of happiness. His rich background includes aspects of psychology, addictions, mental health and music journalism. His book Sheppton: The Myth, Miracle & Music explores the miraculous and supernatural elements experienced by two entombed Pennsylvania miners. Learn more at shepptonmyth.com
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The addictive mind is an imprisoned mind. Addicts are rarely free of individual or expressive thought; rather they are all too often entrapped by a singular focus, the addictive habit. Often, the entrapment occurs the very moment the potential addict tries his or her vice. Notably, it is not a weakness of character that one becomes entrapped; rather it is related to their own organic, biological and psychological makeup that increases the likelihood that someone will become an addict. Arguably, everyone has the potential of becoming an addict, but what distinguishes one individual from another is the vice initially chosen.

Addiction is an unsettling dependency that a majority of addicts would prefer not to be dependent upon. Sadly, the addict is often seeking out pathways for personal fulfillment. “Addictive drugs mimic natural rewards such as food and sex by kindling a network of brain areas collectively called the reward circuitry, which is responsible for enjoyment – which if you think about it, is an important survival response.” The dependency begins to mimic our body’s natural desire to feel pleasure and satisfaction.

What could be classified as a dependency?

Dependency is the state of reliance on someone or something for a specific objective. It is the type of reliance that is willing to be subjected to ridicule, humiliation and derision. Many of the following statements could meet the criteria for an addictive personality, but are not intended on diagnosing someone as an addict. Be certain to consult a professional before diagnosing or proclaiming that someone is an addict. Psychologist and psychiatrists have been trained to understand the specific diagnostic criteria around addiction and other psychological and psychiatric disorders. Moreover, many addicts may have comorbid issues such as anxiety and depression along with an addictive disorder. Comorbidity occurs when there is the simultaneous presence of two chronic diseases or conditions. According to the American Psychiatric Association’s Diagnostic Statistical Manual, the following statements could be indicators of a dependency or an addictive disorder:

- An insatiable need for a substance or addictive habit.
- Anyone who has an increased tolerance for a substance. All too often, the user increases the amount, requiring significantly larger doses simply to experience an effect.
- Anyone incapable or unwilling to give up an addictive habit.
- Anyone who is dependent on a substance to feel or experience pleasure.
- When one’s social circle becomes less important than the substance.
- When routine activities in life (e.g. eating, hygiene) take a backseat to the substance.
- Frequently, the user is willing to relinquish the custody of their children.
- Anyone who is willing to partake of the venom (poison) following a drunken or drugged stupor.
- The individual who is willing to forgo his or her employment obligations.
- Many individuals are willing to give up lifelong dreams, ambitions and goals.
- Most of all, the addict is all too often willing to continue using the substance despite the noticeable physiological and psychological effects.

Why are we not all addicted?

No addict wants to be entrapped by his or her addictive habit, but it is the addictive habit that has left the addict absolutely powerless and helpless to the addictive substance.

“The reward system may be more vulnerable, responses to stress more intense, or the formation of addictive habits quicker in some people, especially those suffering from depression, anxiety, or schizophrenia, and those with disorders like antisocial and borderline personality.

...Individuals also differ in their capacity to exercise judgment and inhibit impulses. The brain’s prefrontal cortex helps to determine the adaptive value of pleasure recorded by the nucleus accumbens and checks the urge to take the drug when it would be unwise. If the prefrontal cortex is not functioning properly, an addictive drug has more power to monopolize the reward circuit. Recent research shows that the prefrontal cortex is not fully developed in adolescence, which could explain why we so often develop addictions at that time of life. Antisocial personalities also have deficiencies in prefrontal functioning.”

Genetically, the physiological, psychological and biological predispositions of our parents may lend to our own addictive tendencies, but the truth is, there is no absolution answer to addiction. “Only a fraction of people who experiment with drug use get addicted. But virtually all of us have an intact, functional reward system. So why wouldn’t we all be subject to the tyranny of drug-induced illusions of ‘better-than-expected-ness’?”

While a number of the determining factors can be at play within an individual’s life, there is no absolute certainty that the individual will develop an addiction. Moreover, the truth is, while some individuals may crumble in the face of negative biopsychosocial environments, others seem to flourish despite such negative environments. Why are some individuals vulnerable to negative biopsychosocial environments? Why do other individuals meet negative biopsychosocial environments with an unwavering fortitude? Even if two individuals are raised identically within the same home, with the same set of caregivers, there is no guarantee that these two individuals will develop the same perceptions or worldviews.

According to Dr. Keith Humphreys of Stanford University, “the short answer is, that nobody knows enough to be able to single out a potential addict with any certainty. There’s no such thing as an ‘addictive personality,’ says Humphreys. ‘Those 25 million addicts in the United States have wildly different personalities.’ There are, however, obvious risk factors: genetics, poor social support networks, a sense of having nothing to lose and stress.”

ADDICTIVE TREATMENTS AND APPROACHES

“Treatment will always depend on the type of addiction and the type of addict. Novelty seekers and risk takers with insufficient inhibition and judgment will not necessarily respond to the same methods that work for people afflicted by traumatic stress or hypersensitivity to everyday stress. And the most important lesson of all in recent discoveries may be that addictions are chronic conditions for which there are treatments but rarely simple cures.”

There are a number of treatment modalities and orientations. Take under consideration the individual’s personalities, vulnerability, resiliency, and level of need when considering a treatment option. The following is a list of the typical treatment modalities and orientations:

Continued on page 34
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The United States is in the midst of an opioid epidemic - from small towns to big cities, no community has remained untouched by the rapid spread of addiction to prescription opioids and heroin. Parents must take heed. Prescription drug abuse is happening in our homes and in many cases leading to heroin abuse. Unfortunately, no family is immune from this epidemic.

In New Jersey, the battle to reduce opioid abuse and death rates continues. The Partnership for a Drug-Free New Jersey has focused on raising awareness of this epidemic by educating physicians on safer prescribing strategies and the scope of the prescription drug abuse epidemic, as well as educating families about the epidemic and the steps they can take to safeguard their families and communities.

The efforts to raise awareness and share a prevention message continue

A 2016 Partnership for a Drug-Free New Jersey study of parents of middle school students found that nearly one in three parents still do not believe there is a link between pain killers prescribed for things like sports injuries or the removal of wisdom teeth and the rising use of heroin in New Jersey.

The study also found that less than 50 percent of parents feel they are knowledgeable about heroin.

Prescription drug abuse, specifically the rise in opioid-related overdose deaths, is considered the fastest growing drug problem in the United States according to the Centers for Disease Control and Prevention (CDC). A January 2016 CDC report linked the rise in illicit opioid overdose deaths to the 15-year trajectory of overall rising overdose deaths involving prescription opioid pain relievers.

According to CDC Director Tom Friedman, “More than 40 Americans die each day from prescription opioid overdoses, we must act now.”

In New Jersey alone, over 2.75 million prescriptions for highly addictive opioids were potentially prescribed to children, friends, and family members; many times without the benefit of any information of their addictive qualities or their link to heroin abuse rates.

The Partnership for a Drug-Free New Jersey set out to address this issue with one key player in the fight against opiate abuse — parents. In March 2016, the Partnership for a Drug-Free New Jersey released a public health campaign entitled, “Before They Prescribe - You Decide”. This campaign is geared on educating parents about the link between prescribed prescription pain medicine and heroin abuse; encouraging and empowering them to speak to their doctor or dentist about the potential addictive qualities of the pain medicine prescribed, as well as possible alternatives that may exist and be appropriate. This public health campaign was unveiled on the 42nd St. Digital Cube in Times Square in March 2016 and is also being utilized by community coalitions and substance abuse prevention alliances throughout the United States.

According to the CDC, opioid pain relievers that are abused were most often obtained via prescription from physicians and 45% of people who used heroin were also addicted to prescription opioid painkillers. Since 2000, the rate of deaths from drug overdoses has increased 137%, including a 200% increase in the rate of overdose deaths involving opioids. The federal government’s Substance Abuse and Mental Health Services Administration found that in the past year, more than 11 million people aged 12 and above misused opioids- both pain relievers and heroin.

Having a simple conversation about the potential for dependency and possible alternatives will surely save lives. The Partnership for a Drug-Free New Jersey’s Do No Harm Symposium series held in conjunction with local hospitals and the Drug-Enforcement Administration-New Jersey Division, encourages physicians and dentists to embrace safer prescribing by taking such steps as utilizing the Prescription Drug Monitoring system in the state, and having conversations with their patients and their parents about the potential for dependency, and possible alternatives that are available.

Education is the key factor in preventing the abuse of opiates. The most important time for patients and their parents to be educated occurs in the physician’s office when an opiate is being prescribed. The brains of children and teens may be more vulnerable to addiction. According to an article published in 2015 by the American Academy of Pediatrics, use of prescribed opioids before the 12th grade is independently associated with future opioid misuse among patients with little drug experience and who disapprove of illegal drug use.

Prescribers must have these conversations with parents when their child is prescribed an opiate whether by a physician or a dentist. These conversations regarding the potential for dependency of these opioid based drugs when prescribed will give parents the information they need so they can become aware to look for the signs and symptoms of abuse. They also must know the importance of properly securing these medicines when they bring them into their home.

Many parents are still not aware that our youth are abusing prescription drugs and frequently leave unused prescription drugs including prescription opioid based medication in open medicine cabinets. Parents understand the need for making sure they lock their liquor cabinets but because they are not aware of the potential for abuse and dependency of the medicine they or their child is prescribed, they often do not secure their medicine cabinets.

According to the White House Office of National Drug Control Policy, approximately 70% of people who abuse prescription medications get them from family or friends- often from the medicine cabinet; however, the Partnership for a Drug-Free New Jersey 12th Annual Tracking Study of Parent Attitudes and Behavior in Alcohol and Drug Abuse also found that while some parents do know that kids get access to prescription and over-the-counter drugs out of the home medicine cabinets, only 15% considered a friend’s medicine cabinet as a source for the abused drugs.

According to the American Medicine Chest Challenge, a program of the Partnership for a Drug-Free New Jersey, encourages all parents to take a 5-Step challenge to safeguard their families. The challenge calls for parents to:

• Take inventory of your prescription and over-the-counter medicine.
• Secure the medicine you have in your home.
• Dispose of your unused, unwanted, and expired medicine at a safe and legal location, such as the American Medicine Chest Challenge Disposal site.
• Only take the medicine(s) prescribed to you
• Talk to your children and physician about the dangers of prescription drug abuse... they are listening

Education is the key factor in preventing the abuse of opiates both in the prescriber’s office and in the home.

Angela Conover is the Director of Media and Community Relations Partnership for a Drug-Free New Jersey

Angelo M. Valente is the Executive Director Partnership for a Drug-Free New Jersey and has led this organization in becoming the largest continuous Public Service Campaign in New Jersey’s history.
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The Core Conference

A great time was had by all at the CORE conference. The CORE conference is one of the premier addiction and recovery conferences hosted by C4 Recovery Solutions for addiction professionals to advance their understanding of the principles behind abstinence-based recovery practices.

The hotel was beautiful and for anyone that didn’t make it this year, I would book early for next year. It’s also a great place to mix business with pleasure and take your families. They have a camp there for kids!

Featured Faculty included Patrick Carnes, Ivana Grahovac, Greg Williams and more.

A big thanks to Susan Benvenuti, Dee K. McGraw, Katie Myvett, Jen Ramos and Jesse O’Donoghue for all their hard work to make this such a fabulous event.

Living Beyond

A Monthly Column By Dr. Asa Don Brown

Continued from page 30

12. Always consider the overall makeup of the individual’s physiological and psychological person. What are the triggers? What was the initial catalyst? What are the protective factors for this individual?

Protective Factors

“You might think that only some types of people can get addicted to drugs. The truth is, it can happen to anyone, whether you’re young or old, rich or poor, male or female.”

~ National Institute on Drug Abuse, 2016

1. Be an informed parent, caregiver, partner, and friend.
2. Be an active participant of your child’s life (discuss school, peers, and activities).
3. Always make your familial environment a safe and inviting place: a) Always allow for healthy and open communication.
   b) Actively listen, even if you disagree, promote healthy conversations.
   c) Avoid jokes that are at the emotional expense of your child or others.
   d) Teach your children not to be a bystander. Encourage them to advocate for others.
4. Be certain to have conversations about appropriate consumption of alcohol and other legal substances.
5. Be certain to have active discussions of legal and illegal substances. As a parent, inform your child that it is never wrong to inform you of someone dealing or distributing substances. Inform the proper authority.
6. As a parent or caregiver, be a facilitator of kindness, acceptance, and respect.
7. Always have an open and healthy pathway of communication with others.
8. Avoid being judgmental or hypercritical. Always be empathic and sincere in your feedback.

May you begin living beyond.

Author: Dr. Asa Don Brown, Ph.D., C.C.C., D.N.C.C.M., F.A.A.A.E.T.S.
Website: www.asadonbrown.com
References Provided Upon Request
MY DAUGHTER THE ADDICT-
A SUBURBAN MOM’S NIGHTMARE
By Katie Brennan Donovan- Executive Vice President
of FAN- Families Against Narcotics

I was the PTO mom, the carpool mom and the Brownie leader. We ate
family dinners at the table, taught our children manners and took family
vacations. My husband and I were blessed to have very good jobs.
My daughter, Brittany, the beautiful girl in the photo, was the honor roll
student, the volunteer at the city parks and recreation department and
loved playing sports.

THEN OUR ENTIRE LIVES CHANGED
Growing up, I had skewed images of what a heroin addict looked like.
I envisioned them sitting in an alley, or a gangster or a criminal. The
stereotypical hippie from the 60’s and 70’s that grew up in a bad home.
I had preconceived notions that you had to stay away from them...that
they were BAD PEOPLE.

NEVER ONCE DID I ENVISION MY DAUGHTER
I am very ashamed of my thoughts now. I never really had a “real”
exposure to addiction. What I saw was what was pictured in the
movies, or on TV. We lived in the suburbs where “that just didn’t
happen around here”.

BOY WAS I WRONG
Now, addiction has a multitude of faces. It’s the high school
quarterback who became injured in a game, was prescribed Vicodin
and became addicted.
It’s the mom down the street from you, driving her minivan to CVS to pick
up more pills, even though she just finished a 30-day supply in 10 days.
It’s the babysitter who went to a party and didn’t drink, as mom and dad
properly told her the dangers of it, so she took a few pills instead.
It’s the heroic marine who fought in the Gulf War, who is now fighting
PTSD.
It’s the corporate executive who was prescribed Xanax for stress.
It’s the senior citizen who had hip surgery and within weeks,
unknowingly, was now dependent on prescription narcotics.

IT’S MY DAUGHTER
This is happening in our homes, our communities and in our schools!!
No one is immune. It affects all classes, races, ages and professions.

GET YOUR HEAD OUT OF THE SAND
If you feel like “it would never happen to you or anyone in your circle”,
take a look around. It’s happening. You may not even know it. Most
become isolated in fear and lost in their addiction, finding it hard to
reach out.

ITS TIME TO SHOW SOME COMPASSION
Recently, as I was walking to my car, I noticed a homeless man hunched
over. Instead of walking by him, I stopped and asked him if I could sit down
next to him. We talked for a good hour. Turns out he was a marine who was
injured, became addicted to Vicodin, didn’t know how to stop but wanted to
so badly. He swore he would never do heroin...that’s what junkies do. But
then his pills got too expensive and now his body was getting physically sick.
He ended up turning to heroin just to feel normal again. My heart broke for
him. I gave him my card and said to call me if he was ever ready for help. He
called 2 days later. He is currently at a 6-month treatment facility, fighting for
recovery and has renewed hope in life.

As a community, it’s time to come together. These are not “junkies in
the corner” ...these are our friends, our neighbors, your grandfather,

men who fought for our country.

THESE ARE OUR CHILDREN.
Please, don’t’ make assumptions on people. The next time you are
walking and see someone homeless, don’t walk past and avert your
eyes. Stop and reach out your hand. It was my daughter sitting there
once, lost in her addiction and feeling hopeless.

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be a consultant to the very same pharmaceutical company they’re supposed to be conducting un-bias independent research for. They also can be found in great numbers on advisory boards and even on the board of directors. No one seems to be concerned about any conflict of interest.

Moreover, the focus of medical research has shifted away from national needs and interests to whatever is most profitable for the pharmaceutical companies. An overwhelming number of our medical centers now view fulfilling pharmaceutical industries needs as a legitimate purpose of an academic institution and at the expense of promising therapies. The research agenda set by PhRMA is zeroed in on drug development and not causes, or mechanisms or prevention of disease. I often wonder what Polio would be like today had The Bayh–Dole Act been enacted in 1950 as opposed to 1980 – and what addiction would look like if congress did its job twenty years ago when the epidemic was just getting started.

If you’re feeling a bit ripped off, you’re not alone. You and I are handing money directly to the pharmaceutical companies by paying for their research and development of these drugs in the form of taxpayer funded research grants awarded to medical centers. To add insult to injury; students at Tufts argue that DiMasi did not take grants into consideration in his formulation of the development costs of a new drug being $2.87 billion.

Big PhRMA has infiltrated and taken over our institutions. PhRMA’s lobbyists and their money own congress, they have university medical research professors and deans on their payroll; PhRMA representatives speak in their lecture halls; their lobbyists, drug review panel members and non-profit groups control the FDA and the revolving door between the private sector, PhRMA academic professors and the FDA keeps PhRMA’s people in key, top level decision-making positions.

Under PhRMA’s direction and leadership, you can expect our opiate/opioid epidemic to continue in perpetuity without some type of intervention. PhRMA is in the business of selling pills and they will do whatever it takes to achieve their mission. Their interests are too purely married to money even at the expense of human life and suffering. We’re in the middle of an opiate/opioid epidemic and one would think our academic medical centers would be hard at work looking for solutions. But any attempt to curb the epidemic – whether it be medical or political – would cut deeply into PhRMA’s profits. Considering PhRMA sets the research agenda, I’m fairly confident we will not be seeing our medical centers working to solve the problem any time soon. The CDC’s opioid prescribing guide lines was a good first step but it will take far more to force this money driven juggernaut into abandoning their opioid trade.

However, I have found hope in our young medical students. There appears to be an awakening on college campuses across the county on a magnitude never before seen; the recognition of curriculums polluted by corporate sponsorship and a wholesale rejection of educators who support it. It appears as though these med students are far more dialed into opioids and addiction than their professors. They seem to be able to see right through Big PhRMA’s white washing PR campaigns with a clarity that should be envied by everyone in the field. But more importantly, they’re organizing and taking action. These students are forming groups like ‘White Coats for Recovery’ and taking action – ‘PhRMA Fools Day’ – by drawing attention to the lies promoted by Big PhRMA. I wholly support these groups of college medical students and I hope you do too because it is through their voices the truth will be heard and that can only help end America’s Second Opiate/Opioid Epidemic.

John Giordano DHL, MAC is a counselor, President and Founder of the National Institute for Holistic Addiction Studies and Chaplain of the North Miami Police Department. For the latest development in cutting-edge treatment check out his website: http://www.holisticaddictioninfo.com

THE UNCERTAINTY PRINCIPLE, RECOVERY AND RELAPSE PREVENTION

By Terence T. Gorski

- We decide to stop drinking and drugging and manage to feel comfortable without using. I call this stable recovery.
- We experience a trigger event. Something happens that upsets us and causes our stress levels to skyrocket.
- The trigger event activates the first relapse warning sign. This warning sign plays out on automatic pilot but only increases the pain and problems.
- The increased pain and problems activate a second and even more self-destructive way of thinking and acting. This increases the pain and problems and activates the third even more destructive warning sign.
- The process continues until we feel there is no way out except to self-medicate with alcohol or other drugs, to literally go insane with the pain and depression, or to commit suicide.

Recovery Is Possible

The good news is that once we understand that relapse is a process that begins before we start to use, we can learn how to identify the triggers that start the process and avoid those triggers when possible. We can also study our past episodes of relapse and become aware of the progression of relapse warning signs that lead us from stable recovery to addictive use. This allows us to develop a personalized list of relapse warning signs and to use them as a part of our daily inventory. The Uncertainty Principle tells us that by becoming aware of the triggers and warning signs that lead from stable recovery back to addictive use, that very awareness will change the warning sign by taking it off of automatic pilot, making us aware of what is happening, and making it possible to do something different to move back into stable recovery.

Terence T. Gorski is the Founder and President of The CENAPS Corporation. He is an internationally recognized expert on substance abuse, mental health, violence, and crime. He is best known for his contributions to relapse prevention, managing chemically dependent offenders and developing community-based teams for managing the problems of alcohol, drugs, violence, and crime. He is a prolific author and has published numerous books and articles. www.terrygorski.com www.relapse.org
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finger with a hammer it’ll cause pain and then your midbrain releases endorphins to help reduce the pain as much as possible. People that run a lot understand about the runners high or the second wind. The exercise is causing enough pain to release more endorphins which numbs the pain therefore helping you run further and/or faster.

**GABA:**

GABA is released when you need to calm down before or after a stressful, traumatic or scary situation. This chemical prevents you from having an anxiety or panic attack.

**Epinephrine:**

Epinephrine is basically adrenaline. This chemical gives you the feelings of anger, fear, freeze, fight or flight. If a bear surprised you in the woods your midbrain would release this chemical and you would either run, pick up a stick and fight or become frozen with fear.

**PIP:**

PIP is an acronym for a chemical that gives you the feelings of caring, love and relationship. This does not necessary always mean romantic feelings toward your spouse or girlfriend. It could also mean the feelings you have for other family members, close friends and opportunities to demonstrate compassion.

**Acetylcholine:**

Acetylcholine is released to help you with perception, movement and memory. It gives you the correct feelings of balance and how fast or slow you may be going.

**Let’s now look at how drugs and alcohol can damage your midbrain pump**

### THE CHOKEHOLD OF YOUR RECOVERY IS YOU!

By Michael DeLeon

I fear the mindset that relapse is inevitable, that it’s part of the recovery process. For me, taking self out of the equation, or minimizing the power that I have in achieving, and more importantly, maintaining recovery, is wrong. True power, as Les Brown indicated, resides within you. The minute you start to believe that the power is not there, that you don’t have a say in your recovery, is the minute you start down a path toward relapse. Maybe it’s not relapse that most people are afraid of. Maybe it’s Recovery.

I have a motivational poster in my office that I look at every time I sit at my desk. It says, “I am the Master of My Fate, and The Captain of My Soul”. I refuse to believe in the invisible asterisk that says, ‘except addiction’. It doesn’t say that, thus I am the Master of My Recovery!

Failing might be part of the process of success, but it’s not a perennial part of it that is out of your control. Don’t get sucked into the expectations of people who believe that recovery is not within you. As Les Brown states often, “You Have Greatness Within You!” I have recovery within me as well.

Michael DeLeon, director and producer of the films “Kids Are Dying” and “An American Epidemic” is expected to release his third documentary “Higher Power”. Michael is the founder of Steered Straight Inc., a motivational outreach program for youth and young adults reaching over 2 million students nationwide and expanding across 45 states.

Whenever you do something natural that stimulates your pump, it releases a chemical and gives you a feeling. After the chemical is released and you experience the feeling, your pump will fill right back up. It’s designed to replenish itself immediately.

Whenever you put drugs and alcohol into your system your pump releases an abnormal amount of chemicals. That’s where you get the high or drunk feeling. It’s pumping out to much chemical.

If you continue using drugs and alcohol your pump will eventually start depleting. It’s like taking one step forward and two steps backward. It’ll get lower and lower until your midbrain starts feeling like it can’t function as a normal human being. Your midbrain will then drive you to do what you promised to never do again just to get that chemical feeling back to normal.

### CHEMICAL

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<tr>
<th>DRUGS RELEASING ABNORMAL AMOUNTS</th>
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<td>Dopamine</td>
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<tr>
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<td>Acetylcholine</td>
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<td>Marijuana, Benzodiazepine, Alcohol</td>
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**Dopamine:**

Cocaine releases an unnatural amount of this chemical. The first time a person uses crack it releases the amount of dopamine as if a person had a 10 minute orgasm. It never reaches that amount again. Methamphetamine and alcohol also release too much dopamine. The alcohol buzz comes from dopamine but the drunken feeling comes from serotonin. If you keep using drugs the pump will slowly become depleted of dopamine, tolerance will go up and the midbrain will take control of the rational top part of your brain and make you go get more drugs to try and fill that dopamine level back up to normal.

**Serotonin:**

Alcohol releases an unnatural amount of this chemical. As mentioned earlier the buzz comes from the dopamine. But it’s followed by major amounts of serotonin. That’s why you pass out; you’re getting an overload of serotonin. Remember, serotonin makes you go to sleep. You’re actually going into a coma, the first stages of death. If you keep using alcohol the pump will slowly become depleted of serotonin, tolerance will go up, depression kicks in and the midbrain will take control of the rational top part of your brain and make you go get more alcohol to try and fill that serotonin level back up to normal.

**Endorphin:**

Opiates release this chemical. If you’re abusing pain pills or heroin, your pump will release abnormal amounts of endorphins and start depleting the pump of this chemical. Nicotine and self-mutilation will also effect this chemical and create strong cravings and high tolerance. If you keep using opiates the pump will slowly become depleted of endorphins, tolerance will go up and the midbrain will take control of the rational top part of your brain and make you go get more opiates to try and fill that endorphin level back up to normal.

**Acetylcholine Marijuana, Benzodiazepine, Alcohol**

**PIP Cocaine, Meth, Alcohol, ( Self-Mutilation)**

**GABA Cocaine, Meth, Ecstasy, Benzoiazepine**

**Serotonin Alcohol, Benzodiazepine, Marijuana**

**Endorphin Opiates, Nicotine, (Self-Mutilation)**

**Dopamine Cocaine, Alcohol, Meth, Nicotine, (Porn)**

**The Addiction Brief-Therapy Model: Learning to Recognize and Silence The Beast Brain**

By Dallas Bennett, MA, CADC

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GABA:
Cocaine and Meth releases an unnatural amount of this chemical. Abusing benzodiazepine will also deplete the GABA. When this chemical is low you can have anxiety and panic attacks. Abusing any of these three drugs may cause a serious depletion of GABA and can lead to paranoia. When this happens you will begin to see things and hear things that are not real.

Epinephrine:
Meth, cocaine and alcohol releases an unnatural amount of this chemical. Meth will make most people wired so much of this chemical they feel like fighting. For some people alcohol will also produce more of this chemical and cause people to fight. A lot of people have anger problems caused by abnormal amounts of epinephrine.

PIP:
Cocaine, Meth and alcohol releases too much of this chemical. When the pump gets low of PIP you’ll begin to lose your ability to care for others. You can deplete this chemical so low that you will not care about anything important to you like your career, freedom, sanity, and even your own family. Your beast brain will drive you like an animal to get more drugs.

Acetylcholine:
Marijuana and alcohol release too much of this chemical. Smoking pot over time will cause you to get low of Acetylcholine. You’ll start losing your memory and your motor skills will slow down. I call it the Cheech and Chong syndrome. Old pot users forget what day it is and they struggle with concentration. When this chemical is low you can’t keep a job or be the parent or spouse you need to be.

Final Thought:
You need to understand your midbrain really doesn’t care about the drugs and alcohol. It wants the chemical rush from the unnatural release of neurotransmitters in your pump. And once that pump gets to a certain depletion level, it (The Beast Brain) will make you go get what it thinks it needs to survive. The midbrain “feels” like it can’t function as a normal human being. It really feels like it’s going to die. That feeling is in the same area of the brain as if you went 5 days without water or 50 days without food. It’s being tricked and it’s trying to survive.

The good news is the midbrain pump will most often fill back up with the normal chemicals it needs to function correctly. The replenishing process takes most people 6 to 12 months. This is why it’s important to have a strong aftercare plan and an understanding of the post-acute withdrawal syndrome. Your toughest battle the first year is the beast (physical). You need to surround yourself with a solid support system and learn how to silence the beast. (Part 2)

Dallas Bennett is the author of: Midbrain and The Beast: A Simple Guide to Long Term Sobriety. Dallas has a passion to share his simple way of explaining the complicated subject of the biology of addiction. He currently works at Penfield Christian Homes, a licensed residential drug treatment center and ministry of the Georgia Baptist Mission Board. Visit his website at: dallasbennett.com

SHOULD WE BEGIN GENETICALLY TESTING CHILDREN FOR VULNERABILITY TO REWARD DEFICIENCY SYNDROME (RDS) AND INTERVENE WITH PRO-DOPAMINE REGULATION?
Kenneth Blum, Ph.D., DHL

In support of early testing for addiction and other RDS subtypes, parents caught up in today’s horrific demographic of 127 people young and old dying from opiate/opioid overdose every day in America need help. Families would have never guessed that their loved ones would die or are now in real danger due to opiate addiction. Bill Moyers published an article in Parade Magazine, in it, he reported that as he traveled around the United States, he found too many children with ADHD and that many of those children had subsequent issues like substance abuse. He emphatically called for better ways to identify these children and treat them other than with addictive pharmaceuticals.

When the GARS test is available and approved by the FDA, clinicians and parents will be able to access the vulnerability of chemical dependency patients and more importantly their children to RDS behavior like addiction, ADHD, and autism spectrum disorders. The common thread across all these risk gene variants is that they lead to a low dopamine (hypodopaminergic) function or deficit. There are arguments against genetic testing because of the fear of labeling and for knowing the risk especially if there was no treatment options. The real issue or challenge, however, is “what can be done if risk alleles are found”? It is understandable that when there is one gene—one disease (OGOD) involved like in Huntington’s disease, and when, treatment is unavailable, and prevention remains a problem; why know the risk?

Have we found a safe non-addictive solution that will provide the brain a means to balance the neurotransmitters involved in the BRC culminating in true dopamine homeostasis?

In spite of variant genes and epigenetic, environmental insults, holistic approaches like mindfulness, exercise, spirituality, and particularly amino acid therapy (KB220 formulations) have been shown to reduce relapse and increase brain dopamine homeostasis. I am suggesting that not only should we, in the near future, be able to genetically test our children for unwanted reward gene risk variants that predispose them to dopamine deficiency lack of reward and risk for drug and non-drug addiction but possibly even prevent RDS behaviors.

Genetic risk for substance abuse and other RDS behaviors can be identified by the GARS test and explains why some individuals are vulnerable and others not. With continued research, genetic and epigenetic dopamine deficiencies can be treated, relapse reduced and we can free ourselves from the clutches of powerful addictive behaviors and bring balance and happiness to our lives.

Kenneth Blum, B.Sc. (Pharmacy), M.Sc., Ph.D. & DHL; received his Ph.D. in Neuropharmacology from New York Medical College and graduated from Columbia University and New Jersey College of Medicine. He also received a doctor of humane letters from Saint Martin’s University Lacey, WA. He has published more than 550 abstracts; peer-reviewed articles and 14-books.
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