CARING FOR OUR VETERANS

by Jamie Clybourn, MCAP, ICAADC

Understanding the Scientific Basis of Post-Traumatic Stress Disorder (PTSD)
By Kenneth Blum, Ph.D., Co-Discoverer of: The Reward Gene

Dialectical Behavior Therapy
By Dr. Alison Tarlow

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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 need 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.

The Sober World wishes everyone a Happy Thanksgiving.


Sincerely,

Patricia
Publisher
Patricia@TheSoberWorld.com

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Veteran’s Day began in 1919, originally called Armistice Day by President Woodrow Wilson, to honor those who fought in World War II. It was eventually expanded to include all US military veterans. One day of the year seems hardly enough to thank our veterans for the sacrifices they have made to ensure the freedom and sense of security that we enjoy every day. It begs the question, how much are we really doing to care for our nation’s veterans? According to recent studies, they are certainly facing higher rates of many social and medical issues, including substance use disorders, than non-veteran Americans. When treating veterans for addiction, we need be aware of other complicating factors that may be impacting their ability to maintain long-term sobriety. A holistic approach to treatment is necessary.

There are several reasons an individual may choose to enlist in the military. For some, serving in the armed forces is a long standing family tradition based on honor and patriotism. For others, it could be a desire to explore the world and enjoy the other benefits of being a veteran, such as job security, an early retirement, opportunities for education, or access to VA healthcare services. Another reason may be to develop self-respect and a sense of discipline. But in some cases, young adults who enlist in the military are doing so to escape physical or emotional abuse, parental addiction or mental health issues, or poverty. These are the individuals who are especially vulnerable to developing substance use disorders as well as PTSD if exposed to significant stressors during their active duty.

A biological or environmental predisposition to substance use, mental health disorders, or early childhood trauma combined with a significantly stressful situation will drastically increase an individual’s likelihood of developing a substance use or mental health disorder. For combat veterans in particular, this means higher rates of PTSD than the general population. If you stop and think about it, what more stressful situation is there than war? Our troops have left their families and other support systems, and they and their new military family are facing the daily threat of being killed in action. In addition to vulnerability to developing PTSD and substance use disorders, veterans returning home after a long tour of duty can experience other difficulties. There are drastic differences between military and civilian life, especially for men and women who have spent their entire adult life in the military.

Veterans are exposed to numerous stressors during their re-adjustment period back into the civilian lifestyle. For one, the structure of their military lifestyle to which they have become so accustomed is suddenly gone. They are left with a lack of routine and a general sense of ambiguity. Transitioning from a predictable environment to an unpredictable one with many choices can be anxiety-producing. Many times, reconnecting with family members upon their return can also be difficult. Family members have adjusted their roles and daily activities while they’ve been away, so the veteran may feel a lack of purpose or value when he/she rejoins the family unit. The veteran may need to adapt to a new workplace where personal gain and competition, rather than camaraderie, is the mission of his/her colleagues. It is also important to note that unemployment rates for veterans are higher than that of non-veterans. Reasons for this may include poor health, employer discrimination, lack of interviewing skills, or a work history that is too highly specialized for a civilian job. Unemployment can lead to depression and anxiety, as well as increased substance use.

The suicide rate for veterans is alarmingly high, nearly double that of the general population. A primary risk factor for suicide is substance abuse. Alcohol and drugs can not only increase feelings of depression and anxiety, they impair judgment and lower inhibitions, making a person more likely to act on suicidal ideations. Another suicide risk factor is physical illness and feelings of hopelessness. Due to the physical nature of many military occupations, veterans are prone to injury and/or illness. For combat veterans, traumatic brain injury (TBI) is a fairly common occurrence. A TBI can also increase impulsivity – another suicide risk factor. Easy access to weapons and comfortability in using a gun, the most lethal method in a suicide attempt, are also risk factors. Given their training, veterans are typically very comfortable using firearms and there is a greater likelihood that they own a gun. Finally, isolation and experiencing a recent loss are factors that increase the risk of suicide. Upon return from active duty, veterans often report feeling cut-off from others and if they were in combat, they are likely mourning the loss of their peers.

It comes as no surprise that veterans with mental health disorders are more likely to develop a co-occurring substance use disorder. Alcohol and drugs are often used as a coping mechanism to deal with unwanted symptoms, which may include depression, intrusive thoughts, feelings of detachment, or nightmares. While substances may have a positive effect on their symptoms in the short term, continued use can lead to physical tolerance and emotional dependency, requiring medical detoxification followed by inpatient addiction treatment. Inpatient treatment can help veterans gain an understanding of their addiction, learn how to cope with their symptoms in a healthy manner, and develop relapse prevention skills. They are also introduced to twelve-step programs that can serve as a sober support system upon their discharge from treatment.

Putting others’ needs before their own is second nature for a veteran, and therefore many veterans do not seek help. How do we help them overcome the stigma and misconceptions of addiction and mental health disorders? How do we let them know that recovery is possible and their lives matter? It starts with community outreach efforts by treatment providers and educating veterans on their options for treatment. Let them know they are not alone in their experience and allow them the same opportunities as those they have protected while putting their lives on the line. Take a moment this Veteran’s Day to honor a veteran by thanking them for the sacrifices they have made for us and ask how you can be of service to them.

Jamie Clybourn, MCAP, ICAAADC is the Clinical Supervisor at Retreat at Palm Beach, where veterans are receiving the highest standard of care in addiction treatment. She received her BA degree in Psychology from West Chester University and her Master’s degree in Counseling from Gardner-Webb University. She has worked at Retreat Premier Addiction Treatment Centers since the opening of their Lancaster County, PA facility in 2011 and she has worked in the field of addiction treatment for over 16 years.
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In late September (2016), Florida State’s Attorney General, Pam Bondi, joined thirty-five other states and the District of Columbia in a class action law suite against Reckitt Benckiser, the manufacturers of Suboxone. The 92 page complaint outlines how Reckitt Benckiser, its subsidiary Indivior, and a third company, MonoSol RX gamed the pharmaceutical regulatory process by ‘product hopping’ in an effort to maintain its monopoly on the Medication Assisted Treatment (MAT) drug market. The plaintiffs claim that Reckitt Benckiser used a variety of “deceptive and unconscionable” practices to tank the Suboxone tablet market while replacing the pill form with their new sublingual strips.

I bring this to your attention not to bring shame on Reckitt Benckiser, Indivior or MonoSol RX – they’ve proven to be more than capable of doing that all by themselves – but rather to illustrate the size and scope of the industry growing intertwined with our opiate/opioid epidemic; and also to show you why safe and proven effective non-neurotoxic and non-addictive therapies are not finding their way to the addicts who need them the most.

In 2009 Reckitt Benckiser’s Suboxone patent was set to expire. At the time they owned 85% of the MAT market with sales exceeding $1,000,000,000.00 billion dollars annually on only 12% market penetration. In laymen’s terms, what this means is that the newly emerging market for Suboxone and its generic counterparts could easily grow an estimated 300% in the next 5 years to over $3,000,000,000.00 billion dollars. Reckitt Benckiser’s destruction of the tablet market was precipitated over concerns of their patent expiring and the market share they’d lose to generic Suboxone. The patent on their new sublingual strips expires in 2023.

As the old adage goes; “when elephants fight only the ants get killed.” Once again, we find ourselves in the unenviable position of corporate giants wrestling over profits in court while our growing needs are ignored and go unmet. For all intent and purposes, we’ve entrusted our health to these giants. In one form or another they have a heavy influence on our biomedical research. The Pharmaceutical industry dictates the research schedule at our universities and medical hospitals – and as a result we find ourselves drowning in pool of toxic medicines driven by market forces and profit rather than our needs. Moreover, PhRMA’s iron tight grasp on congress assures us we’ll continue to see legislation friendly to the behemoth’s profit margin while putting our health and lives at risk.

Albeit, I’m glad to see Florida join this lawsuit that addresses trade and patent policy, I can’t help but to think it blurs the most important issue; ‘what is the best treatment for addicts?’

It was about this time over twenty-years ago that I had a life changing experience. I was invited to participate in Dr. Debra Mash’s FDA approved human testing of a botanical medicine that showed great promise in the treatment of opiate/opioid addiction. As a clinician, it was my responsibility to prepare individuals for treatment. Often, that included implementing a plant-based diet combined with an amino acid regiment to help the brain heal from substance abuse. Once the treatment was complete, it was my responsibility to counsel the individual to help them fully benefit from their experience.

What I observed in the first days of the study shocked me to my very core – it can only be described as a miracle. In fact, if I didn’t witness it with my own two eyes I would’ve been skeptical myself. After just one dose of Ibogaine – an organic plant medicine – long-term addicts who had been abusing heroin everyday for the last five or ten years and even longer were walking around with full cognitive function and not one sign of opioid withdrawal symptoms and/or cravings. I was astounded – after just 12 hours, addicts who looked to be on their death bed appeared refreshed, rejuvenated and completely detoxed. Some experienced minor sleep disturbances but they were completely pain and cravings free – and that pattern continued for the duration of the testing.

Participants in the study describe a spiritual journey and claimed it is like going through years of therapy. Most said they traveled back in time to their childhood where they were an observer to their own events. Others claim they go back to where underlying issue leading to their addiction arose. They say they were able to witness events they felt were traumatic to them at the time without feeling the emotions they associated to the events. Many said the troubling memories were suppressed and nothing they’d thought about in a long while, but were able to come to terms with them. By the end of their experience almost all claimed to feel some sort of emotional healing and no longer felt the need or desire to abuse drugs.

Although we understand little about the dreams people experience, Dr. Mash concluded that they are somehow significant to the outcome. “It’s as if the plant is teaching you something fundamental about who you are as a person and why you’ve got yourself locked into this intractable pattern of behavior.”

Ibogaine is derived from the root of a shrub found in west central Africa. It has been safely used in religious ceremonies for hundreds of years. The DEA classified Ibogaine as a schedule 1 drug in 1967 along with Lysergic acid diethylamide (LSD) and a host of other drugs – both organic and synthetic – considered hallucinogenic. Many experts – myself included – believe that the broad sweeping drugs into schedule 1 classifications had more to due with the cultural issues of the 60’s rather than the absence of potential medical benefits, as so many of the organic plant based medicines lacked any meaningful scientific research at the time.

But that has changed. Dr. Mash’s decades of research in addition to her study on over 300 participants that ended in 2003 provides great insight into the benefits of Ibogaine in the treatment of opioid addiction. Mash’s findings are consistent with other studies conducted outside the U.S. and the information reported by Ibogaine treatment clinics across the globe.

Research has shown that Ibogaine affects serotonin and dopamine neurotransmitters. Scientists do not completely understand how Ibogaine reduces or eliminates withdrawal symptoms and drug cravings; but it is believed that the botanical medicine resets neurotransmitters to a ‘pre’ addiction setting.

We have known for quite some time that the vast majority of people treated with Ibogaine experience little if any withdrawal symptoms and/or drug cravings after treatment. We also know the effects can wear off over time. There are some people who credit Ibogaine for helping them stay clean for decades while others can start to see the effect wear off after thirty days depending on their metabolism.

There have been deaths associated with Ibogaine therapy, but there

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Posttraumatic stress disorder (PTSD) is a mental health disorder with a genetic basis. The disorder develops from a stress reaction after a person is exposed to physiological or psychological trauma such as sexual assault, warfare, traffic collisions, or other life-threatening traumatic events. Symptoms may include re-experiencing the trauma (flashbacks), or nightmares (lucid and non-lucid) related to the events and mental or physical distress induced by trauma-related cues, as well as, attempts to avoid trauma-related cues. Symptoms include alterations in how a person thinks and feels, like amnesia about the event, fear of relationships, problems with sleeping, concentrating, and being hypervigilant; startled by loud noises. These symptoms can last for more than a month after the event and even years, and result in a higher suicide risk. Interestingly, most people who have experienced a traumatic event will not develop PTSD. People who experience interpersonal trauma like rape or child abuse are more likely to develop PTSD as compared to the experience of non-assault based trauma such as accidents and natural disasters. PTSD after experiencing traumatic environmental insults (like abuse) may be long lasting. About half of rape victims develop PTSD. Young children may be unable to process distress and might express their memories through play.

The term “posttraumatic stress disorder” was used in the 1970s due to the diagnoses of US military veterans of the Vietnam War. It was officially described in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM -111) and first recognized by the American Psychiatric Association in 1980.

According to the American Psychiatric Association (2013) about 3.5% of adults in the US each year have PTSD, and 9% develop it at some point in their life. In the rest of the world, yearly rates are between 0.5% and 1%, although they are much higher in regions of armed conflict. PTSD is also more common in women than men.

Regarding political rhetoric about being able to “handle it” and “being strong,” it is well known that some soldiers have not, because of this stigma, been able to seek help. The truth is that many genetic studies from the 90’s until the present day have clearly revealed that certain gene variants (called alleles) set people up with an inability to handle trauma and stress.

Understanding Genetics of PTSD

David Comings from the City of Hope performed the first-ever study to show an association of a reward gene called the dopamine D2 receptor gene A1 form with people (military veterans) diagnosed with PTSD. In conjunction with Ernest Noble, this same gene form had been shown by my laboratory, to associate with severe alcoholism and cause carriers to have 30-40 less Dopamine D2 receptors in the brain. During combat stress, dopamine is released from neurons 100 times above the resting state. Therefore, less dopamine D2 receptors induced by genetics (compromised DNA) leads to lowered dopamine function. Low dopamine function is associated with increased risk for PTSD.

There is evidence that susceptibility to PTSD is hereditary. Genetics alone causes about 30% or more of the variance in PTSD. Identical (monozygotic) twins with PTSD exposed to combat in Vietnam were associated with an increased risk of the co-twin’s having PTSD compared to non-identical (dizygotic) twins. There is also evidence that those with a genetically smaller hippocampus (a region of the brain involving memory) are more likely to develop PTSD following traumatic stress. PTSD shares many genetic influences common to other psychiatric disorders. PTSD shares 60% of the same genetic variance as panic and generalized anxiety disorders. Alcohol, nicotine, and drugs of abuse share greater than 40% genetic similarities. One study reported that soldiers whose leukocytes had greater numbers of glucocorticoid receptors (involved in stress response) were more prone to developing PTSD after experiencing traumatic stress.

However, genetic antecedents may not tell the whole story, environmental insults or abuse (sexual and verbal) during childhood involve “epigenetic” changes. Specifically, instead of being caused by differences in the DNA sequence, epigenetic changes are cellular, physiological and behavioral characteristic (phenotypic trait) changes that are caused by external or environmental factors that switch genes on and off and affect how cells read genes. Unfortunately, it is now known that epigenetic effects can occur for at least two subsequent generations. The resultant effects of environmentally induced epigenetic changes in the chromatin structure of the DNA have been found, for example, to reduce the function and expression of the dopamine D2 receptor gene, thereby, increasing the chance for PTSD. The take home message here is that parental abuse in children may indeed help cause PTSD in adulthood when faced with horrific trauma like rape and war. So as scientists we now say “Love your pups.”

Can We Prevent or Treat PTSD?

Early access to cognitive behavioral and trauma therapy have been of modest benefit. Also, Critical Incident Stress Management (CISM) has been suggested as a means of preventing PTSD. CISM is most accurately defined as an integrated multi-component continuum of psychological interventions to be provided in the context of acute adversity, trauma, and disaster on an as needed basis to appropriate recipient populations. CISM is not a singular technique, nor a treatment for acute stress disorder, posttraumatic stress disorder, posttraumatic depression, or bereavement and grief, and may even cause negative outcomes. Interestingly, the World Health Organization recommends against the use of benzodiazepines and anti-depressants in those having experienced trauma. Some evidence supports the use of the anti-stress molecule hydrocortisone for prevention in adults. However, there is limited or no evidence supporting other drugs such as propranolol, escitalopram, temazepam or gabapentin. Indeed, Gabapentin is a drug that stimulates the neurotransmitter GABA that reduces dopamine effects and should not be used to treat PTSD, especially in the long-term. In response to these unfounded recommendations and therapeutic evidence, my laboratory has proposed the use of “Pro-Dopamine Regulation” (KB220z). Dr. Thomas McLaughlin, from the Center for Psychiatric Medicine, in Massachusetts, and our laboratory and others, carried out three independent published studies showing that chronic administration of a nutraceutical KB220z eliminated terrifying Lucid nightmares in at least 82 percent of PTSD-ADHD patients treated. The reduction or elimination of terrifying Lucid Dreams seemed to be dependent on KB220z, whereby voluntary stopping of the agent results in reinstatement of the terrifying non-pleasant nature of the dreams (see figure 1). In most cases, patients reported a gradual but, then, complete amelioration of their long-term, terrifying, lucid dreams, while taking KB220Z. However, we also show that in at least four cases the persistent amelioration

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Substance abuse is a leading cause of marital discord and divorce throughout the country. In 2012, an estimated 22.2 million persons aged 12 years or older were classified with substance abuse dependence or abuse based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition. The good news is that some 4 million persons aged 12 or older received treatment for alcohol or illicit drug use in 2012. The bad news is that 18 million did not.

The Florida Legislature has attempted to deal with this burgeoning issue. The Legislature stated the problem thusly:

Substance abuse is a major health problem that affects multiple service systems and leads to such profoundly disturbing consequences as serious impairment, chronic addiction, criminal behavior, vehicular casualties, spiraling health care costs, AIDS and business losses, and significantly affects the culture, socialization, and learning ability of children within our schools and educational systems. Substance abuse impairment is a disease which affects the whole family and the whole society and requires a system of care that includes prevention, intervention, clinical treatment, and recovery support services that support and strengthen the family unit. (Florida's Marchman Act)

Florida's family law attorneys are many times on the front lines and see the ravages of substance abuse and dependency in divorce and child time sharing cases. It is a leading cause of marital discord and divorce. This article will refer to addiction, alcoholism, substance abuse and dependency as interchangeable terms.

There is not an abundance of case law in Florida dealing with the ever growing societal problem of addiction and alcoholism as it affects judicial determinations in family law cases; yet there is enough for us to see how the courts treat alcoholics and addicts in divorce and custody proceedings. What follows is an overview of some of the important and frequently encountered issues in family law matters as presented where there is substance abuse and dependency.

A Divorcing Spouse's Right To Treatment Or Therapy Records Of The Other.

The law regarding access to a spouse's treatment records is clear. Almost always, records of a spouse's treatment or therapy are confidential, privileged and unavailable to the other spouse in a divorce or child custody/time sharing matter. An individual who has sought treatment or therapy for substance abuse or dependency has a right to expect confidentiality and non-disclosure of treatment records. It is necessary to the rehabilitation of the substance abuse impaired individual that he or she feels comfortable that what is disclosed in therapy or treatment stays there and is not repeated in court.

The Florida Evidence Code, F.S. 90.503(2), provides that a "patient has a privilege to refuse to disclose, and to prevent any other person from disclosing confidential communications or records made for the purpose of diagnosis or treatment of the patient's mental or emotional condition, including alcoholism and other drug addiction, between the patient and the psychotherapist....."

The Marchman Act provides rights to individuals receiving substance abuse services, with a right to confidentiality of individual records. The records of service providers which pertain to the identity, diagnosis, and prognosis of and service provision to any individual are confidential in accordance with this chapter and with applicable federal confidentiality regulation. Such records may not be disclosed without the written consent of the individual to whom they pertain except that appropriate disclosure may be made without such consent. These records are only obtainable upon a court order showing good cause for disclosure.

Moreover, the provisions of HIPPA (42 U.S.C.A. Section 290dd-2) provide that records of substance abuse programs are confidential and cannot be disclosed without express order of court "after application showing good cause".

Hence, in a family law case, when one spouse requests the treatment records of the other spouse, the requesting party must not only overcome the evidentiary privilege but the confidentiality provisions of Chapter 397, Florida Statutes, and 42 U.S.C.A. Section 290dd-2. It is a very difficult hurdle to overcome and rarely, if ever, permitted.

Encourage The Client To Seek Treatment

If a party in a divorce case admits that he or she is an alcoholic or addict, or that she has been to treatment or that he is a recovering alcoholic, that admission does not create a waiver of the confidentiality and privilege of mental health records. Again, the public policy in Florida is to encourage people to get help and not to have to worry that what they say in treatment will come back to haunt them in a custody battle or divorce with a current or ex-spouse.

However, as in many things in life, there is an exception. An exception to the privilege is where there has been a calamitous event such as an attempted suicide occurring during the pendency of the litigation so that the mental health of a parent is sufficiently at issue to warrant finding no privilege exists. That was the finding of the court in O'Neill v. O'Neill, 823 So2d 837 (5 DCA 2002). In that case, the wife was addicted to controlled substances and had been in treatment. She used drugs in the presence of the children and was admitted to a psych ward after threatening to hurt herself and the children. The court

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We are the second step to becoming sober.

Calling us is the first.
There is an epidemic not only in this country, but throughout the world that no one wants to talk about. In fact, most people act as though it never happens. If it happens in their family to their son, more often than not, they will blame it on their son saying he must have asked for it.

So what is this epidemic I am talking about? It is the sexual abuse of boys. Statistically, 1:3 girls will be sexually abused before the age of 18 and that statistic stands firm. On the other hand, the statistic for boys that have been sexually abused is all over the board. The statistic I use in my presentations is 1:4 boys will be sexually abused before the age of 18 (Lisa Project 2010). The 1 in 6 (1in6.org) and Joyful Heart Foundation use the statistic of 1:8 boys will be sexually abused before the age of 18 – taken from a report by Jim Hopper, Ph.D. Sexual Abuse of Males (1996).

A study released in 2005 by Johnson et al. found that in a study of 100 men, 59% of their sample had been sexually abused and 100% of the men had reported some use of drugs. According to a report by the Mental Health Association in New York State, 80% of men that have been sexually abused have a substance abuse history. Yet other statistics tell us that upwards of 65-75% of men in treatment facilities have a history of this, yet there is very little, if any, help for men in this area.

I will say in all fairness that the statistics for abused boys remains controversial and understandably so. According to Megan’s Law and Crime Victims Center, less than 10% of child sexual abuse is reported to police.

In many ways, sexual abuse of boys is like an out of control cancer and like any cancer there is a treatment for it. However, before the treatment can begin, we must acknowledge the fact that we do indeed have a cancer growing inside of us.

According to Breastcancer.org, about 1:8 women will develop breast cancer and the American Cancer Society states that 1:5 people will develop colon cancer and 1:67 will develop pancreatic cancer. In contrast, according to a report by the Lisa Project (2010), 1:4 boys will be sexually abused before the age of eighteen.

When people are diagnosed with cancer they are met with an abundance of love, sympathy and support from their doctors and family. Often, they have the constant support from not only family and friends; often their community surrounds and supports them as well. For instance, a personal friend of my family has a daughter who at the age of four-years-old was diagnosed with Stage 4 high-risk neuroblastoma. With the efforts of my wife and many others, a Facebook page was developed and within six months almost two hundred thousand dollars was raised to help with the insurmountable medical bills her parents were receiving.

In contrast, if a young boy goes to someone telling him that he has been sexually abused, more often than not; his cry for help is discarded as a fabricated story rather than truth. He is told not to say anymore about it or never to bring it up again. The reality is most boys never say anything because they believe their family will be harmed or they will lose a variety of other emotional needs that are being met by the perpetrator. They won’t say anything to anyone for fear of looking weak or less of a man. There is also the fear that if you are not gay, your peers will call you gay. On the other hand, if you are gay, there is the fear of being accused of asking for it. So instead, they carry the secret into their adulthood. When they get tired of feeling the pain of their past trauma, tired of failed relationships; marriages and business failures, then and only then they might speak out and seek help.

Speaking out about being sexually abused as a child takes a tremendous amount of courage. Unfortunately, this courage is far too often met with the male victim being shunned and shamed for speaking up. They will be told, “That happened a long time ago. It’s time to grow up, get over it, and move on with your life.” These types of comments actually do more harm than good and inevitably lead to the victim crawling back into a world of isolation and addiction.

When I entered into recovery, I had both an AA sponsor and a CoDA sponsor. Both my sponsors were wise enough to tell me that when it came to my abuse issues, they could not help me. They advised me that I would have to rely on my therapist to help me through that process. Sadly, I have seen more damage done by sponsors trying to be therapist and ill advising sponsees to just get over it. On page 164 in the Big Book of Alcoholics Anonymous it says – “But obviously you cannot transmit something you haven’t got.” If you haven’t been sexually abused and done your own healing work, you cannot help someone that has – period.

Sexual abuse is a cancer of the soul and like any cancer the best cure is love and understanding from family and friends. What I needed the most when I started my healing journey in 2006 was to be listened to and heard without judgment- to be believed, validated and supported, and not for you to fix me, but to love me. When I received all of these from my counselors in treatment, I was finally able to move from a victim mentality to a courageous, healing, thriving survivor.

Read more on the healing process of sexual abuse in my book – Healing the Man Within – available at Amazon or on my website, www.courageoushealers.org.

Randy Boyd is a licensed California Alcohol and Drug Counselor, Certified Life Coach, the founder of the Courageous Healers Foundation, and an associate of “It Happens to Boys.” He speaks at conferences, schools, and treatment facilities about the effects of abuse on men and how men can heal from those effects. Randy is the author of the new Ground-breaking book addressing the sexual abuse of boys entitled “Healing the Man Within,” a book for male survivors written by a male survivor and their families. You can contact Randy to speak at your facility or event @ (760) 702-5498 or www.courageoushealers@gmail.com
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As a Psychologist and Clinical Director, I believe that DBT is one of the most proven, evidenced-based treatments available.

I have always believed the focus on recovery starts with strong, evidence-based therapy that can address the very issues that often lead to relapse. For this reason, Dialectical Behavior Therapy (DBT) is a fundamental aspect of treatment work. DBT is a specific type of cognitive-behavioral psychotherapy developed in the late 1980s by psychologist Marsha M. Linehan. Originally developed for borderline personality disorder, DBT has been proven effective in helping people who are struggling with addiction in getting and staying sober. Two colleagues of mine, Adam Friedman, Ph.D., and Adrian Schmitt, LMHC were fortunate enough to learn DBT directly from Dr. Marsha Linehan. "It was a privilege to work with Dr. Linehan" states Dr. Friedman. "Adrian and I are two of a select few people in the country who have been trained directly by the creator of DBT."

As for what DBT can do for those struggling with addiction, Dr. Friedman adds, "DBT does something most treatments fail to do, it works on the underlying thoughts and behaviors which cause the person to use their drug of choice, by dealing directly with overwhelming emotions, intrusive thoughts and urges, and poor patterns of coping." The core of DBT is mindfulness, in which the client starts to learn how to regain control of their mental processes. The word mindfulness is a popular catchphrase nowadays, but we must understand what the goal is for this "mindfulness." The goal is to develop a comprehensive understanding that we can choose how we react to a thought, feeling or urge, and no longer feel that our mind controls us. That is a powerful intervention for a client to use.

Mindfulness is one of four modules of DBT, each relating to a different aspect of addiction. The Interpersonal Effectiveness (IE) module deals with relationships and boundaries. “We feel that every client has a choice; they can be in a relationship with their drug of choice or they can have connected loving relationships with human beings. But, you don’t get to have both,” states Dr. Friedman. This IE module teaches clients how to create boundaries and limits on their relationships which is vital in early recovery. The goal of this module is learning how to get your needs met in relationships while simultaneously maintaining the relationship and self-respect. In the DBT skills group, clients can role play real life scenarios, learn to express their feelings and assert themselves in a healthy, effective way. "We tell the clients that we can’t give them a magic formula that will turn everyone to always say yes to them" states Schmitt “but if they can walk away from the conversation with the relationship and their self-respect intact, it’s a win.”

The next module is Emotion Regulation. In this module, clients learn to better understand the sensations that occur inside and outside of their bodies when they are experiencing urges to use their drug of choice or dealing with intense emotions. “Emotion Regulation skills help create the difference between a bad day and a full blown relapse,” states Schmitt. Another part of this module is learning how to handle the emotions which are often labeled as “difficult” such as, anger, fear, and sadness. DBT helps clients see the “upside” of dealing with those emotions. “When you shut down your emotions, you don’t get to pick and choose which faucets you shut off,” states Dr. Friedman, “so when you turn away from anger or sadness you also diminish your capacity to experience joy and love.” So, while it may be hard to get back in touch with certain feelings, ‘you get to connect to people in a deeper way’ than you did in the past.

The last of the four modules is Distress Tolerance. "Distress Tolerance is really DBT’s version of relapse prevention" states Schmitt. "It is about what to do when you are in an emotionally, vulnerable state in order to not make a bad situation worse." In this module, clients are encouraged to “cope ahead,” meaning, to clearly plan for worst case scenarios and those times in life where one might be caught off-guard. “We let the clients know that if they can handle the worst case scenario, they can handle anything.” Distress Tolerance also includes the DBT concept of radical acceptance. The idea is that most of the suffering in our lives comes from not accepting our life circumstances - our reality. "We tell our clients that everyone in the room has something in common.” says Dr. Friedman. "Everyone has accepted at some point that their substance of choice has become unmanageable. Once you accept something, you can then begin the process of changing things.”

These four modules are presented once a week in a 2-hour group which is in line with the research conducted on DBT. "We try to stick to the research-based protocol as closely as possible," states Schmitt. "The idea is that if we act according to the research, we should achieve the same results." Dr. Friedman and Miss Schmitt have been running skills groups together for over 4 years and are credited with being two of the first clinicians to cater their program towards a 28-day rehab facility program. Dr. Friedman emphasizes, "What we have seen in drug and alcohol programs has been remarkable and really feeds our passion for DBT. What we know is that if you use these simple and workable skills, a sober life and a happier life become much easier to maintain.”

Dr. Alison Tarlow is the Clinical Director at The Amy Winehouse Project, an Intensive Outpatient Program situated in a beautiful Spanish-style house in historic Delray Beach. AWP is based on the foundations of Dialectical Behavior Therapy, and focusing on the treatment of co-occurring disorders, including substance abuse, eating disorders, personality disorders, and other related mental health issues.

We are seeing addiction at epidemic proportions, and everyday hundreds of young lives are lost. It has been five years since Amy’s tragic death, and it is important to us that we find meaning and purpose from the loss of this tremendously talented young woman.

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When someone struggles with both addiction and depression, it is called a co-occurring or dual diagnosis. It represents two major challenges at once and is a regularly occurring malady. The numbers are staggering: 15 million American adults - almost 6.7% of the population currently suffer from Major Depressive Disorder. The Substance Abuse and Mental Health Services Administration (SAMHSA) found in a 2014 survey that 7.9 million adults suffer from a co-occurring disorder.

Most of us experience times when we feel depressed. It is normal to feel down once in a while, especially during difficult or challenging life experiences and times of increased stress. However, for many people, symptoms of depression take hold and turn into a persistent mental disorder. This kind of depression is actually very common. As stated above, persons in long-term recovery are no strangers to depression. Sometimes, those who develop an addiction are seeking relief from the pain of depression through alcohol and drug use. At other times, abusing alcohol and drugs may lead to symptoms of depression. At other times, abusing alcohol and drugs may lead to symptoms of depression.

From SAMHSA:

People with mental health disorders are more likely than people without mental health disorders to experience an alcohol or substance use disorder. Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms, as both may vary in severity.

The National Institute of Mental Health lists the following symptoms to help people determine whether or not they are experiencing depression:

- Persistent sad, anxious or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy, fatigue, being “slowed down”
- Difficulty concentrating, remembering, making decisions
- Difficulty sleeping, early-morning awakening or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Persistent physical symptoms

If you are experiencing any of these symptoms, consult with a physician. Remember, these symptoms can become critical as they persist and get worse over time. Depression lasting for an extended period—two or three weeks with more bad days than good—is a sign of major/clinical depression requiring professional assistance. If you are having persistent thoughts of death/suicide or have attempted suicide, you are certainly suffering from depression and should reach out for help immediately.

Depression is much like a parasite: it attacks the host and consumes life-sustaining nutrients for its own benefit. Over time, the negative impact of the parasite on the host may get worse. Major depression has a profound impact on a person’s daily recovery. In my work with those who suffer, I often hear it described as being “covered by a wet blanket,” unable to see any hopeful view of the future and feeling weighed down by everyday life. This uncertain future creates feelings of sadness, guilt and/ or irritability. Others have often described depression as trying to “run in Jell-O,” working hard to get somewhere but unable to make any progress. This lack of progress despite expending tremendous energy may lead to loss of interest, difficulty concentrating and fatigue. It is also common for those who struggle with depression to experience feelings of anxiety.

Because co-occurring disorders are complicated, people often do not reach out for meaningful help or they only get help for a part of the disorder from which they are having difficulties.

From SAMSHA:

In many cases, people receive treatment for one disorder while the other disorder remains untreated. This may occur because both mental and substance use disorders can have biological, psychological and social components. Other reasons may be inadequate provider training or screening, an overlap of symptoms or that other health issues need to be addressed first. In any case, the consequences of undiagnosed, untreated or undertreated co-occurring disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide or even early death.

That is the bad news. The good news is that co-occurring addiction and depression are treatable. The best form of recovery from co-occurring disorders integrates meaningful treatment and resources while paying attention to the biological, psychological and social components of healing and wellness. If you have a co-occurring disorder, don’t be afraid or hesitate to reach out for help. You must find the courage to discuss your current situation with those around you. Reaching out to a healthcare provider, counselor, psychiatrist, your recovery community, family and friends is essential and can be life-changing.

There are so many who can relate to what you are experiencing, and you will quickly learn you are not alone. With just a step or a phone call, you can receive meaningful direction as you continue your journey of wellness and recovery.

References Provided Upon Request
Dr. Kimball serves as the Director of the Center for Collegiate Recovery Community and holds the George C. Miller 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 consultant with MAP.
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Opioids are killing our kids.

Surveys show that many young people think prescription medications, including opioid painkillers, are “safer” than street drugs – and they’re easier to get. No wonder these medications are being so widely abused.

Experts find that a key reason youth avoid experimentation with drugs is the positive influence of parents. Open, honest conversations – early and often – can help keep our kids safe.

We all know families who say they had these conversations and still a child developed addiction. So while open communication is one vital step, another is taking quick action when there are signs of trouble.

In our library of Words Can Work multimedia, we tell true stories of how young people navigate the public and mental health challenges they face growing up. In the process of producing these films and booklets, I’ve talked with thousands of young people and their families. I’ve observed a common reason many parents resist potentially lifesaving conversations and fail to take action: denial. That’s why, in our film Drugs: True Stories, listed in SAMHSA’s National Registry of Evidence-based Programs and Practices, we address denial head on.

Drugs: True Stories, a 25-minute video, features the story of Joel Levine of Peabody, Massachusetts.

Many would call Joel a typical teen. Growing up, he felt a lot of pressure to do well in school. He was a good athlete and was driven to excel in sports, too. His dad was the school superintendent in a nearby town.

In seventh grade, Joel started using alcohol to cope. “By drinking alcohol,” he says, “I just didn’t care about all that stuff anymore.”

But when the alcohol wore off, he felt the stress again.

Joel started smoking marijuana in middle school, too, and never felt he could get high enough. “I had to smoke four or five times a day,” he says. “When the alcohol wore off, I just didn’t care about all that stuff anymore.”

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But when the alcohol wore off, he felt the stress again.

Joel started smoking marijuana in middle school, too, and never felt he could get high enough. “I had to smoke four or five times a day,” he says. “But the stress was always temporary.”

One day, in 10th grade, someone offered Joel the powerful prescription painkiller, OxyContin. Soon he was taking the drug every day. Joel convinced himself he’d quit when he went to college. “Basically, I was in denial,” he says.

To pay for drugs, he sold his video games and jewelry, and stole money from his family.

Joel got moody and tired and his grades started to drop. He made up excuses for the changes in his grades and behavior, and his parents Susan and Herb Levine, believed him. “He’d always been a good kid,” Susan says. “So why wouldn’t I believe him? You do rationalize. You’re in denial.”

“Denial is wishing it away,” Herb says. “I remember discussions like, how could he be on drugs if he’s getting B’s and C’s in high school? Don’t those kids fail?”

After Joel left for college, he couldn’t afford to support a regular habit of OxyContin and went into withdrawal. “I’d be sitting on my bed with back cramps, leg cramps, cold sweats, nausea and diarrhea,” he says.

When he’d get some money, he’d buy a couple of pills. But once they were gone, Joel was in agony again. Many who are addicted to prescription opioids like OxyContin or Percocet turn to the less expensive, equally deadly opioid – heroin. But Joel didn’t. By the end of the semester, he was flunking out. His parents were furious.

Over the phone, he’d been saying everything was great.

Herb’s friend was the police captain in their hometown. He alerted Herb that Joel was headed for trouble. Joel admitted he was abusing drugs and agreed to go to detox. But soon after being released, he was getting high again – still claiming to be clean. His parents wanted to believe him, but they were terrified. Three kids Joel had known since preschool had overdosed and died. Joel’s parents warned that drugs could kill him, too.

Finally, Joel’s best friend Brian told Susan and Herb the truth. Brian knew he was risking his friendship with Joel. “I had to tell them about Joel’s drug problem in order to save his life,” Brian says. “If Joel got mad at me for it, so be it.”

Confronted by his parents, Joel agreed to go back to detox, followed by a 25-day residential treatment program at McLean Hospital.

This time was different. At first, the counselors weren’t sure Joel was serious about recovery. “They were recovering addicts,” Herb says. “They knew BS when they saw it. But Joel finally decided he really wanted to get well. With their help, he took the final leap he needed to get clean and sober.”

Now Joel continues his recovery with the support of his family and being part of a 12-step program.

When he was experimenting with alcohol and other drugs, Joel didn’t think he could get into trouble. “I got help and I’m OK now,” he says. “But it was hard. I always tell kids they can make better choices than I did. It’s up to them.”

Building trust with children through open, honest communication takes a consistent effort. Many parents, distracted by work – and their own day-to-day struggles – sidestep conversations about healthy decision-making. And, like Susan and Herb, many ignore warning signs.

The Levine’s wish they’d taken action faster when they saw signs of trouble. Instead, they accepted Joel’s explanations, no matter how absurd. “We always found an excuse,” Herb explains. “We didn’t want to keep having fights, so we shied away from confrontations. One of the worst mistakes we made is keeping it all in the shadows. We were embarrassed. We wanted to protect the family name. We should’ve worried about our kid rather than what other people thought.”

As a result, Joel faced no consequences for his behavior. “We should’ve taken away his car,” Herb says. “We should’ve checked his computer and looked under his mattress.”

Many parents stop short of these steps fearing a child’s accusations that they’re invading his or her privacy. In Words Can Work: When Talking About Drugs, a guide for young people and parents, Dr. Brian Johnson, Professor of Psychiatry and Behavioral Sciences at SUNY Upstate Medical University, says there’s a difference between privacy and secrecy. “Allowing privacy builds trust,” says Dr. Johnson. “Secrecy, on the other hand, means hiding. Kids who’re abusing drugs want to hide it. Parents who suspect their kids of using drugs need to check bedrooms, school bags and cell phones for harmless secrets their kids are trying to keep.”

Keeping kids safe is an ongoing process. Here are three tips to guide you:

1) Talk with your children, not at them

Ask open-ended questions and then listen. You can start with a general question such as, “What are you learning at school about drugs?” Then, be more specific with a question like, “What would you do if you felt pressure from a friend to use drugs?”

“By keeping conversations two-way, and by asking simple questions,” says Dr. Johnson, “you’re helping your children be more aware of their decision-making.”

Continued on page 38
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What does it mean to live life with purpose? We have all heard someone exclaim that we should be living a purposeful life, but what does it mean to live a life full of purpose? Living a purposeful life is a life filled with intent, direction, and focus. It is a life brimming with ambition and determination. It is the sort of ambition that drives an individual to achieve and succeed at whatever they choose.

A life driven by ambition and determination is a life permeating with zeal and passion. I am a firm believer that every single human has had passion for life, but it is the trials and tribulations of life that have temporarily caused the internal flame to be quenched. I wholeheartedly believe that every single human has an inherent passion for life, but in many cases the internal flame has lost its fervency.

Life is: “the condition that distinguishes animals and plants from inorganic matter, including the capacity for growth, reproduction, functional activity...” Life is the state of being alive, but not all who have life are completely alive.

Alive is: “living, not dead... aware of and interested in; responsive to... still existing or active”

How would you describe the way you are living life? Are you living a life full of purpose, ambition and with intent? Has your flame been extinguished or suppressed?

Being alive means that we are active and interested in life.

HOW DO YOU BEGIN TO PURPOSEFULLY LIVE LIFE?

“The purpose of life is to live it, to taste experience to the utmost, to reach out eagerly and without fear for newer and richer experience.” ~ Eleanor Roosevelt

What does it mean to live a life purposefully? At what moment, can we distinguish between merely living a life and living a life full of purpose? The very essence of the word purpose is “the reason for which something is done or created or for which something exists.”

When we are living life purposefully, we are living life with intent and objectivity. All too often, we are concerned about what others may think or say. Are you fearful of disappointing or falling out of favor with someone? Are you someone who goes against the flow: are you someone who thrives in being an individual?

The following are characteristics of a life purposefully lived:

LIVE AN AUTHENTIC LIFE

Have you ever met someone who you consider to be authentic? Do you consider yourself to be authentic? What does it mean to be authentic? Take a moment and let’s ponder: what does it mean to be authentic and to live an authentic life?

NEVER QUIT

Quitters never win the race. Quitters never have the pleasure of success or failure, rather they quit before having the opportunity to relish in a success or a failure.

LOVE THYSELF

Before you can love someone else, you need to understand the concept of love. What does it mean to love? Who do you love? Do you love your neighbor, children or spouse? Are you capable or willing to love your enemy? Most of all, can you love yourself?

When you are capable of loving yourself, you will love yourself beyond all conditions! What are conditions? They are designed to place parameters around your love. “I will love you as long as...” Conditions restrict your ability to love.

Conditions are often used as an excuse; I cannot love myself because I am unlovable, unapproachable, or unworthy of love. I will only love another as long as they meet my conditions. Thus, if they breach my restrictions, then I can no longer love that other person.

The moment that we learn to love ourselves beyond conditions, is the moment that we will begin to experience unconditional love. Unconditional love is the ability to love ourselves beyond the good, bad, successes, or failures; it is not subjected to any conditions, restrictions, or limitations.

DENY ROOM FOR SHAME AND BLAME

“You can never cross the ocean unless you have the courage to lose sight of the shore.” ~ Christopher Columbus

For so many, including myself, I have all too often allowed room for shame and blame. Shame is the projection of someone else’s defaming, demeaning and scorn. It is “a painful feeling of humiliation or distress caused by the consciousness... it is a loss of respect or esteem.” Shame is delivered unto us as a form of rebuke, disapproval and sharp criticism based on our mistakes, behaviors, or attitudes. It is not intended for constructive repair, but is the pathway serving to decay and humiliation.

Whereas, shame is the projection of contempt, blame is the personal pathway to serve as rebuke and self-contempt. Blame is not unlike its counterpart shame; its ambition is to serve as a destructive instrument, decaying the human spirit. Blame serves as an instrument designed by the individual to continuously punish, rebuke and admonish the inner person.

ACCEPTING PERSONAL RESPONSIBILITY

Accepting personal responsibility is never an easy experience. It is the acceptance of personal responsibility that recognizes our failures and successes as our personal history. It is through personal responsibility that we declare ownership in the good and the bad, the failures and the successes. Accepting personal responsibility moves you forward, and beyond the experience, but with the ability to accept the role in the experience.

For many, personal responsibility has a negative connotation, but understand that there is a positive side as well. Firefighters are often called upon to save the life of others. It is not unusual for a firefighter to feel humbled by this experience, but the truth is they are a hero unto the victim. While the selfless act of a firefighter is a positive example of accepting personal responsibility, we all encounter daily acts of altruism, selflessness, and simple positive contributions in this life.

Life is a mixed bag of the good and the bad, successes and failures, but the good news is; we do not have to identify with either. For whom we are, goes well beyond our historical markers in this life.

ESTABLISH QUALITY FRIENDSHIPS

“A real friend is one who walks in when the rest of the world walks out.” ~ Walter Winchell

Our personal friendships are a reflection of our self-love. If we love ourselves unconditionally, then we will not entertain the company of hate, bitterness, intolerance, or judgement. For many, they will entertain the company of others as a self-sacrificial approach to life, but all too often, it will be to the detriment of their own personal self-worth and quality of life. It’s a careful balancing act, we want others to reap the benefits of unconditional self-love, but when are we helping and when are we hindering the potential for growth?
Seacrest Resource Center is full service Behavioral Health Care Consulting Firm, which provides results and not promises. Our services include assisting organizations in seeking initial State Licensure/Certification, The Joint Commission Accreditation, and CMS Certification in any state in the U.S. Linda Potere, CEO, President, MBA, CAP, LHRM, CHCQM, CAS, NCACII, CMHC has over 30 years experience licensing and accrediting organizations and has obtained state licensure and TJC accreditation for over 200 organizations with stellar results.

- **CMS Certification for Community Health Health Center**
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  - TJC For Home Healthcare
  - **On-going TJC Compliance for Tri-Annual Survey**
  - **Outcome Measures Reports**
  - Physician Credentialing & Peer Reviews

Toll Free: (888) 576-8373 / Office: (561) 738-1369 / Fax: (561) 738-4968
E-mail: lpotere@srcc.net • www.seacrestresourcecenter.com

Where compliance is a journey, not a destination.

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

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

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

www.SunsetRecovery.org

Ask Your Doctor How Prescription Drugs Can Lead to Heroin Abuse.

Would you give your child HEROIN for a sports injury?
I was filthy and smelled horrible. I caught wind of myself occasionally and was repulsed. I was destitute and ashamed. I was living on an apartment building roof top in Manhattan Beach, California. I only climbed down to obtain/steal some more vodka. I was drinking about a quart and a half a day. Although the days were warm that early winter, the nights were cold. And I had reached the point where all that vodka only knocked me out for a short hour or less per day. When I awakened from that brief restless escape, I was shivering and obsessed with the thought that I would not pass out again for another whole day. I was hopeless and desperate.

It was only a little over a year earlier that I owned a beautiful home in La Jolla, California and was running a very successful emergency department in the city of San Diego. I was ostensibly on top of the world- albeit a world that was rapidly crumbling. I had begun writing Vicodin extra strength prescriptions for myself in other people’s names and had reached a point where I needed 150 of those monsters a day to keep me out of withdrawal. It had taken me about a year to reach that amount and I knew I was living on borrowed time. My brain had developed tolerance to the hydrocodone, as my liver had to the acetaminophen. Although getting caught would instantly ruin my life, I just didn’t care. The thought of the impending withdrawal when I did get caught had to be pushed off as far into the future as possible. When that day arrived, it was worse than I had imagined. The Medical Board of California was at the door of my house as I was arriving home from work one afternoon. I drove on by and checked myself into a hotel to hide, but that didn’t work! They summarily revoked my medical license which meant that I lost my job, my identity and my only source of income all in one fell swoop. The details of the complete destruction of my life as I knew it provide fodder for another story at another time. Trust me; the fall was devastating in its extent.

The acute withdrawal period from the opioids lasted for a couple of weeks. My legs, my bowels and my brain never stopped moving. Dysphoria means that one feels “bad” and I was dysphoric. They need to invent a new word because that doesn’t do “bad” justice. In spite of the continuing fatigue which is characteristic in the post-acute withdrawal period, I managed to stay drug and alcohol free for about eight more weeks as my world was crashing down around me. I was in continuous mental anguish and decided that good old legal alcohol might provide me some relatively harmless relief. Wrong on all counts! I soon had to move north to the LA area after losing my home in La Jolla. My wife went to work for the first time in 30 years so she could afford to rent an apartment. I was a defrocked doctor and even my two Harvard degrees did not render me employable. It was on the roof of the very apartment house in which she rented that I chose to live in secret so that I could continue to drink. Every once in a while, I would wander into an AA meeting on my way back from one of my vodka runs. I was drunk but quiet. I sat in the back and kept hearing stories that made me think that I was just like those alcoholics. What I couldn’t figure out was how I was different. I climbed back to my tar paper and gravel covered lair, sat with my back against my favorite chimney or air vent and tried to figure it out. How should I stop? When should I stop? I needed to think about it some more. I would often wander over to the edge of the roof and wonder whether a head first dive to the concrete below would end it all. I was pretty sure it wouldn’t since the building was only a little over two stories high. Why couldn’t I figure this thing out? Why couldn’t I just die? It had just passed midnight and it was the first of December 2000. I was staring at half a bottle of Popov vodka, straining hard to compare myself to those successful members of AA I had envied. And then it hit me. I wasn’t like those alcoholics, I was one of them. The obsession left me that night at that instant. What those sober members had in common was that they had stopped drinking. They didn’t think about it, they didn’t talk about it; they didn’t plan it– they simply stopped. I could stop now, because they all had. It was like looking at an Escher print in which I suddenly saw that it really depicts white birds on a black background and not the other way around. I had no more information about the print; I just had a change in perception. I haven’t touched a drug or drink since.

The instantly acquired joy of that night was the knowledge that I could do it. I was going to make it after all. Although it took nearly five years to regain my license, I made progress, no matter how small, every day. I studied my disease and became board certified in addiction medicine. I treat addicts daily and love my work. I have regained the respect of my wife and four children. I wrote a book about my experience "From Harvard to Hell...and Back" and a publisher actually picked it up. I speak to young doctors every year at Rhode Island Hospital about the increased risk of addiction. I was asked to speak about my experience to England’s largest charity addiction group’s annual conference (Addaction) in Manchester UK. I had the honor of addressing the department of cardiac anesthesia at the Massachusetts General Hospital about my story a year after they had helped me through open heart surgery. The list goes on and on. But the greatest joy I know today is that my family believes in me and not one of my eight beautiful gifted grandchildren has ever seen me impaired. More than that, they trust me and seek me out.

Dr. Sviokla graduated from Harvard College and Harvard Medical School. After his surgical career was interrupted by a hand injury, he successfully ran Emergency Departments on both coasts before succumbing to his opioid and alcohol addiction and losing his medical license for 5 years. He is now Sober for nearly sixteen years, is board certified in Addiction Medicine and practices in Rhode Island. He is medical director of Phoenix House RI and the author of “From Harvard to Hell...and Back”.

LIVING BEYOND
A Monthly Column By Dr. Asa Don Brown
Continued from page 26

As we begin to explore our unconditional state, we may desire to review our social network. What are the intentions behind your friendships? What are you gaining or providing in a friendship? Ultimately, friendship is a balance of giving and receiving.

FOCUS ON YOUR DESIRES

“It is during our darkest moments that we must focus to see the light.”
~ Aristotle Onassis

What ultimately are your desires? What motivates you to live life?

Does rejection cause you to reach for the stars? Are you fueled by positive or negative energy? Are you consumed with outperforming and being more successful than others? Are you trying to keep up with the Jones’? Are you energized by other’s failures? Do you wish to become a celebrity simply to feel worthy? What are the motivating factors behind your desires?

POSSUPEFULLY WAKE UP WITH A DESIRE TO LIVE LIFE

The very moment that you arise, have the following question upon your lips: “how am I going to live today”? When we are purposefully seeking
Certifying safe and dignified recovery residences for individuals seeking peer-supportive housing.

www.farronline.org
On August 6, 2015 my husband and I watched as our son Kurt, in recovery from heroin, received his 18-month chip. We were at the alumni meeting where he had started his recovery, the Center for Dependency, Addiction and Rehabilitation at the University of Colorado Hospital – CeDAR. We sat in the same room where we first reunited with Kurt three weeks into his recovery. At that time, we were exhausted and feeling overburdened under the weight of the past; a leaden cloak woven out of sadness and fear we mistook for armor. Eighteen months later there we were, in that very same space, watching our son address alumni and clients of CeDAR - some just starting their program, others receiving their 30 day chips or nearing completion of the 90-day program. This was his moment. We are proud for him, rather than proud of him. He earned that chip by slogging through his program one step, one day at a time. He had to pull every thread of that leaden cloak out and study it. He unwove it through hard work and perseverance during some of the most difficult months of his life. He forged his path and he stayed on it. For those in early recovery, 18 hours seems impossible and 18 days a distant goal. For eighteen miraculous months Kurt has been working hard every day.

I am 16 months into my recovery. Addiction is a family disease, so we all need recovery. During a five day family program at CeDAR we learned about ourselves and the role we played in this family disease of addiction. They broke down enabling, taught us about healthy boundaries and took us through exercises in communication which helped us speak openly and honestly with our loved one. It is important to validate another’s words by repeating them before speaking our own. These exercises seemed weighty and awkward at first, but have led our family to more open and honest communication.

We walked into the program filled with blame and anger. Our instructors patiently explained the swirl of negative feelings and anxiety we were experiencing were reflections of sadness and fear. Sadness for the loved one we had ‘lost’ through addiction, and fear that we would truly lose them as we watched them kill themselves. This fear caused us to try and fix the situation. Our loved one’s addiction and life are not ours to repair. Our lives, however, are a different story. We began the journey of healing ourselves.

There was one exercise that sticks with me. A person is asked to stand on a chair and stare at the clock on the wall. ‘This is your loved one in addiction, the clock is the drug of choice’. Others were asked to stand as examples of family members – chief enabler, policeman, sibling who hides, sibling who acts out, etc. They were asked to look up at the addict as he stood on the chair and stared at the clock. We were revolving our family life around someone who was paying no attention – he was staring at the clock. We resented that he didn’t appreciate all we did as we tried to save him from himself. He saw none of us, he was staring at the clock. Addiction takes over the brain and tells the addict that all things for them. No micro-managing! Tough stuff. An addict who comes out of 30 days from the best program has only been handed the tools with a quick lesson on how to use them. They are driving the highway with a learner’s permit. They need to surround themselves with others who can show them the way. Their recovery is their own and as you work on your recovery this becomes clearer. Detaching with love from our addicts is not abandonment. We are not giving up on them. We are allowing ourselves to be in a better space to support our loved ones in a healthy way. Acceptance, love and support are something we can give even in the worst of our addict’s manipulation.

It is our nature to close ourselves off when others have hurt us. We don’t want to open ourselves up again, so we wrap that leaden cloak around ourselves. The day I dropped that cloak was the day I realized that it was OK if I was hurt again. My son’s life is worth any pain I encounter. I did not want to lose the connection with my living, breathing son to my stubbornness. I let go of the anger, the hurt, and (most of) the anxiety. I gave up my illusion of control. Today I appreciate every single good day instead of waiting for disaster. Blame and anger are replaced with love and hope as our Village of supporters carry us on our own paths through many more todays.

They are fighting for their lives. Offer emotional support, but don’t do things for them. No micro-managing! Tough stuff. An addict who comes out of 30 days from the best program has only been handed the tools with a quick lesson on how to use them. They are driving the highway with a learner’s permit. They need to surround themselves with others who can show them the way. Their recovery is their own and as you work on your recovery this becomes clearer. Detaching with love from our addicts is not abandonment. We are not giving up on them. We are allowing ourselves to be in a better space to support our loved ones in a healthy way. Acceptance, love and support are something we can give even in the worst of our addict’s manipulation.

Published on www.stopthesilencespeakthetruth.wordpress.com August 26, 2015

Patricia Byrne is the mother of three. Her oldest son Kurt has been in long term recovery since Feb 6, 2014. Her blog Stop the Silence Speak the Truth (www.stopthesilencespeakthetruth.wordpress.com) has been read by millions around the world. She raised her children in Canton MA and presently lives in Palm Harbor FL.

MAGNOLIA NEW BEGINNINGS from the Hearts of Moms

ADDICTION IS A FAMILY AFFAIR. WE ALL NEED RECOVERY.

By Patricia Byrne

On August 6, 2015 my husband and I watched as our son Kurt, in recovery from heroin, received his 18-month chip. We were at the alumni meeting where he had started his recovery, the Center for Dependency, Addiction and Rehabilitation at the University of Colorado Hospital – CeDAR. We sat in the same room where we first reunited with Kurt three weeks into his recovery. At that time, we were exhausted and feeling overburdened under the weight of the past; a leaden cloak woven out of sadness and fear we mistook for armor. Eighteen months later there we were, in that very same space, watching our son address alumni and clients of CeDAR - some just starting their program, others receiving their 30 day chips or nearing completion of the 90-day program. This was his moment. We are proud for him, rather than proud of him. He earned that chip by slogging through his program one step, one day at a time. He had to pull every thread of that leaden cloak out and study it. He unwove it through hard work and perseverance during some of the most difficult months of his life. He forged his path and he stayed on it. For those in early recovery, 18 hours seems impossible and 18 days a distant goal. For eighteen miraculous months Kurt has been working hard every day.

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FAMILY SUPPORT

One of the most difficult challenges in life is to try to cope with a loved one who is struggling with an addiction to drugs and/or alcohol. It is so important for families to have support and understanding to help them deal with this heart-breaking situation.

I have started this page for all the families coping with this devastating disease. There are many groups, and my suggestion is to try different ones until you find the one you are most comfortable with. You will also find some online groups. The most important thing you can do for your loved one is to get help for yourself. Together, we can make a big difference.

A New Path
www.newpath.org

Addiction Haven
www.addictionhaven.com

Bryan’s Hope
www.bryanshope.org

CAN- Change Addiction Now
www.changeaddictionnow.org

Changes
www.changesaddictionsupport.org

City of Angels
www.cityofangelsnj.org

FAN- Families Against Narcotics
www.familiesagainstnarcotics.org

Learn to Cope
www.learn2cope.org

The Long Island Council on Alcoholism and Drug Dependence
www.licadd.org

Magnolia New Beginnings
www.magnolianewbeginnings.org

Missouri Network for Opiate Reform and Recovery
www.monetwork.org

New Hope
facebook.com/New-Hope-Family-Addiction-Support-1682693525326550/

Parent Support Group New Jersey, Inc.
www.psgnjhomestead.com

P.I.C.K Awareness
www.pickawareness.com

Roots to Addiction
www.facebook.com/groups/rootstoaddiction/

Save a Star
www.SAVEASTAR.org

TAP- The Addicts Parents United
www.tapunited.org

IMPORTANT HELPLINE NUMBERS

211 PALM BEACH/TREASURE COAST 211
WWW.211PALMBEACH.ORG

FOR THE TREASURE COAST
WWW.211TREASURECOAST.ORG

FOR TEENAGERS
WWW.TEEN211PBC.COM

AAHOTLINE-NORTH PALM BEACH
561-655-5700
WWW.AA-PALMBEACHCOUNTY.ORG

AA HOTLINE- SOUTH COUNTY
561-276-4581
WWW.AAINPALMBEACH.ORG

FLORIDA ABUSE HOTLINE
1-800-962-2873
WWW.DCF.STATE.FL.US/PROGRAMS/ABUSE/

AL-ANON- PALM BEACH COUNTY
561-279-3481
WWW.SOUTHRFLORIDAALANON.ORG

AL-ANON- NORTH PALM BEACH
561-882-0308
WWW.PALMBEACHAFG.ORG

FAMILIES ANONYMOUS
847-294-5877
(USA) 800-736-9805
(LOCAL) 561-236-8183
WWW.FL-A.CA.ORG

COUNCIL ON COMPELLING GAMBLING
800-426-7711
WWW.GAMBLINGHELP.ORG

CRIMESTOPPERS
800-433-TIPS (8477)
WWW.CRIMESTOPPERSPBC.COM

CRIME LINE
800-423-TIPS (8477)
WWW.CRIMELINE.ORG

DEPRESSION AND MANIC DEPRESSION
WWW.MIAMI.BROWARD

FLORIDA DOMESTIC VIOLENCE HOTLINE
800-500-1119
WWW.FCDAV.ORG

FLORIDA HIV/AIDS HOTLINE
800-FLA-AIDS (352-2437)

FLORIDA INJURY HELPLINE
600-510-5553
800-891-1740
WWW.GA-SFL.COM and WWW.GA-SFL.COM

HEPATITUS B HOTLINE
800-891-0707
WWW.GA-SFL.COM

JEWISH FAMILY AND CHILD SERVICES
561-684-1991
WWW.JFCSONLINE.COM

LAWYER ASSISTANCE
800-282-8981
800-766-6779
WWW.MARIJUANA-ANONYMOUS.ORG

NARC ANON FLORIDA REGION
888-947-8885
WWW.NARANONFL.ORG

NARCOTICS ANONYMOUS-PALM BEACH
561-848-6826
WWW.PALMCOASTNA.ORG

NATIONAL RUNAWAY SWITCHBOARD
800-RUNAWAY (786-2929)
WWW.1800RUNAWAY.ORG

NATIONAL SUICIDE HOTLINE
1-800-SUICIDE (784-2433)
WWW.SUICIDOLOGY.ORG

ONLINE MEETING FOR MARIJUANA
WWW.MA-ONLINE.ORG

OVEREATERS ANONYMOUS-PALM BEACH COUNTY
WWW.OAPALMBEACHFL.ORG

RUTH RALES JEWISH FAMILY SERVICES
561-852-3333
WWW.RUTHRALESJFS.ORG

WOMEN IN DISTRESS
WWW.1800RUNAWAY.ORG

Palm Beach County Meeting Halls

CENTRAL HOUSE 2170 W ATLANTIC AVE.

CLUB OASIS
561-694-1949
WWW.THECROSSROADSCLUB.COM

CROSSROADS
561-278-8004

EASY DOES IT
561-433-9971
WWW.LAMBDAJAI.COM

LAMBDA NORTH CLUBHOUSE
561-255-9866
WWW.THEMEETINGPLACEINC.COM

THE MEETING PLACE
561-832-1110
WWW.THETRIANGLECLUBWPB.COM

THE TRIANGLE CLUB
561-476-8269
WWW.WESTBROWARDCLUB.ORG

Broward County Meeting Halls

12 STEP HOUSE
954-523-4964
205 SW 23RD STREET

101 CLUB
700 SW 10TH DRIVE & DIXIE HWY
561-761-9072

LAMBDA SOUTH CLUB
WWW.LAMBDASOUTH.COM

POMPANO BEACH GROUP
SW CORNER OF SE 2ND & FEDERAL HWY
561-463-9005

PRIDE CENTER
WWW.PRIDECENTERFLORIDA.ORG

WEST BROWARD CLUB
WWW.WESTBROWARDCLUB.ORG

WOMEN IN DISTRESS
954-701-1153

PALM BEACH COUNTY MEETING HALLS
I get monotonous at times as I join the many other advocates across America in this fight against addiction. I’m often called “Danny Downer” because it seems as if I’m always delivering bad news, but with so many deaths resulting from overdoses at every socio-economic demographic, it just can’t be helped. We often forget to feature the good news. We often overlook the incredible amount of people who are rising above addiction to live not only their life, but a life beyond their wildest dreams.

Addiction is horrible, and for most of us who suffered through it, it was the lowest point in our lives. But recovery from addiction is the silver lining - the upside of down. Had it not been for addiction, I wouldn't understand recovery. I wouldn't understand the peak of life from which I view the world. Had I not dealt with the death and destruction of life all around me, most of which I caused, I wouldn't appreciate the beauty and joy of where I am today.

It is often said that recovery is a process, not just an event. It’s a Journey, not a destination. Some mistakenly believe that by simply walking away from drugs and alcohol it will make everything right in their life. Unfortunately, things are unlikely to be that simple. By ending the substance abuse alone, the individual will most likely be right back where they started before the entire process. Abstinence is not as good as it gets. There’s much more beyond abstinence for fulfillment of life. The journey of recovery has no real ending point and thus it should be enjoyed in itself during the journey.

For many of us, that’s hard to understand – especially while we’re ON the Journey. It’s sometimes hard to see the forest through the trees…. But that’s where “vision” comes in. I call it Recovery Vision – seeing what you want in your life and expecting it for yourself. With newspapers focused on the death and destruction of addiction, with people’s Facebook profiles noting the number 129 - the number of addicts that overdose every day, and a new story on the news every week about the addiction pandemic exploding, there’s little coverage on the amazing recovery from addiction for the millions of people that have found it, and who are living it on a daily basis. I’m not interested in ignoring the past. I’m not interested in forgetting what it is I came through. But when we live our lives, we live them forward while we understand them backwards – in reflection. I want to focus more on recovery, I want to focus our conversations more on recovery- and I want to collaborate with people throughout the country on this mission.

Many people state that the War on Drugs was an abysmal failure. The War on Drugs was more of a war on drug addicts than a war on addiction… so I want to start a NEW War; and I need a new army. I’ve put together something called the Recovery Army and if we can form this collaboration, we will be able to not only change the conversation, but lead more people to look at their own recovery as the upside of the down, the good formed from the bad of addiction. I am asking that you follow our page on social media – Recovery Army – and more importantly, sign up to join the Recovery Army on our website www.recoveryarmy.com. This is the place where you will be able to find out everything you need to know about pending legislation, news about recovery as well as addiction, and talk to other “soldiers” in this fight… Please join the Recovery Army and let’s make recovery the new language of this entire public social health crisis.

Michael DeLeon is the director and producer of the films “Kids Are Dying” and “An American Epidemic”. He has released his third documentary, “MarijuanaX” which looks at the legalization of marijuana in America. His fourth documentary will be released in November, 2016 called, “Higher Power”. Michael is the founder of Steered Straight Inc., a motivational outreach program for youth and young adults reaching millions of students nationwide and expanding across 45 states.
There is hope. Your new life starts here.

24 Hour Nationwide Helpline

(866) 455-2082
WASHINGTON, DC - The 2016 FED UP! Rally and March to Capitol Hill was held on September 18, 2016 on a hot and sweltering autumn day. Activists and family members assembled on the National Mall advocating for more funding to address the opioid crisis. Michael Botticelli, U.S. National Drug Control Policy Director, was one of the invited speakers. The event was held at the Sylvan Theater on the Washington Monument grounds in Washington, D.C. before activists marched to the Capitol in a symbolic demonstration of anger, frustration and unity. It was a time to learn and to network but also a time for grieving. Numerous family members held handmade posters with pictures of their deceased loved ones. A large quilt was displayed that honored the lives of individuals who died from heroin and prescription pain overdoses. The crowd was stilled and reverent as an emotional Elizabeth Edwards sang “Amazing Grace.”

The opioid crisis has been called “the worst drug addiction epidemic in United States history.” Over 30,000 individuals die each year due to heroin and painkiller addiction. The Drug Enforcement Administration noted that the 2015 National Survey on Drug Use and Health found 6.5 million Americans over the age of 12 used controlled prescription medicines non-medically during the past month, second only to marijuana and more than past-month users of cocaine, heroin, and hallucinogens combined.

The FED UP! Coalition said, “We cannot politely and patiently remain quiet as the opioid epidemic continues to worsen.” FED UP’s mission is to create one voice calling for an end to the epidemic of addiction and overdose deaths attributed to opioids (including heroin) and other prescription drugs. Fed Up speakers pleaded for the Congress to provide $1.1 billion in funding for the Comprehensive Addiction and Recovery Act (CARA). Congress passed that legislation in July, but did not provide the actual funding. Some have called CARA a “hollow bill.”

Elizabeth Edwards, Songwriter
Autographing copies of The Sober World

John Rosenthal, Chief Ken Strish, Allie Hunter McDade

John Rosenthal and Allie Hunter McDade, co-founders of the Police Assisted Addiction & Recovery Initiative (PAARI), have offered a solution emphasizing treatment and not punishment. In June 2015, Rosenthal developed PAARI, “to support the Gloucester, Massachusetts Police Angel Program and help replicate the model nationwide. The Angel Program begins with the premise that we cannot arrest our way out of this public health epidemic and that opioid addiction is a disease not a crime. And like any other chronic disease without a cure, such as cancer, diabetes and heart disease, people suffering from the disease of addiction need long term treatment not jail.”

PAARI has met with immediate success as Rosenthal asserts, “In just 16 months since it’s founding and with the conservative voice of law enforcement as the leader of this innovative approach, PAARI, has helped change the national conversation, reduced the stigma of addiction, replicated the program among 160 police departments in 30 states, partnered with 250 treatment centers across the Country, placed thousands of people suffering with the disease of addiction into treatment and have saved lives.”

There are only two communities in Pennsylvania that have adopted the PAARI protocol. These include Berwick in Columbia County and the Bensalem Township Police Department in Bucks County. Berwick Police Chief Ken Strish was quick to adopt PAARI in order to, “bring law enforcement, mental health professionals and substance abuse health care professionals together to ensure that the individual seeking rehabilitation receives the care and treatment they deserve immediately,” he said. “The Berwick Police Department needed a ‘warm handoff’ protocol for those that inform any officer of the Berwick Police Department that they are seeking treatment. PAARI has a vast amount of treatment centers already working with them, and they will accept participants from our community, either for insurance or on ‘scholarship.' Currently, PAARI has two primary models, the Gloucester ANGEL Initiative, which is an intake program and the Arlington Initiative, which is an outreach program. Locally we have assembled key partners to begin our local drug rehabilitation program and have the PAARI models to follow.”

A DISEASE AND NOT A CRIME

Strish wants everyday citizens to help battle the opioid crisis. He encourages them to, “Utilize the prescription medication collection box at local Police Departments and discard all unused prescription medications, especially opioid medications. Seek alternative pain management rather than opioid prescriptions. Donate to PAARI or locally to any of our key partners. Contact local legislators and request that they support the Initiative. Review opioid overdose statistics and learn about Naloxone. And volunteer to assist our program,” he adds.

In April, 2016, in Harrisburg, the Pennsylvania House of Representatives passed H.B. 176, the first bill in the country to establish a framework for a statewide grant program to promote police-assisted addiction recovery programs. The legislation will establish a grant program under the Pennsylvania Commission on Crime and Delinquency to assist local police departments, regional police departments and the Pennsylvania State Police.

Strish emphasized: “Law enforcement cannot arrest their way out of the opioid addiction problem because addiction is a disease and not a crime. It’s not too late. We can still help those who are addicted to drugs get the rehabilitative treatment that they so desperately need,
which will hopefully improve the overall security and well-being of our community."

Concerned citizens can contact www.paariusa.org to learn more about how one can help local police departments become a new entry point into treatment for anyone suffering from the disease of addiction.

Another speaker, Andrew Burki, founder of “Young People in Recovery,” called out Big Pharma. Burki explained, “Actually addressing the opioid crisis in a real and meaningful way is the only viable course of action for us to take as a nation. This is a completely bipartisan issue and our failure to act year after year is beyond reprehensible. Anyone who thinks this is someone else’s problem is not paying attention to the scale of the epidemic in our country. You would be hard pressed to find a community that has yet to bury its young or has a local economy, which is not stained by the magnitude of this public health crisis. It doesn’t require a statistician to figure out that the death toll and big opiate sales have been on the rise proportional to one another for nearly two decades. Let’s call big opiate what it has become - a group of competing legal American drug cartels. If we ever want to truly deal with this travesty the solution is going to involve holding the American cartels accountable.” Burki is the Chief Executive Officer for Life of Purpose Treatment.

WHLM Radio investigative reporter Dave Reilly felt that the rally was effective. He said, “I went to the FED UP! rally in DC because this epidemic hits so close to home. I don’t think I’ve ever met anyone who hasn’t been affected by drug addiction in some way, and it’s time to bring this issue out of the shadows and into the spotlight.

“The most important piece of information that I learned at the FED UP! rally was that for every U.S. representative (both in the House and the Senate) there are roughly 16 lobbyists bought and paid for by the pharmaceutical companies. We are never going to see policy changes until we have representatives that actually represent their citizens, instead of special interests and billionaire donors. We cannot count on the Federal Government to fight this for us, we need to mobilize against this ‘Scourge’ at the local level."

POWER IN SELF-KNOWLEDGE

Reilly perceives some light at the end of the tunnel. He said, “I think the thing that gives me so much hope, is that people are beginning to identify the root problems instead of just the symptoms. While at first glance, it may be depressing to see the laundry list of problems our country faces, there is great power in self-knowledge.”

Amy Cooper, is Outreach Director for California-based National Coalition Against Prescription Drug Abuse (NCAPDA) established to generate nationwide awareness about the dangers of prescription drug misuse. NCAPDA was founded in June, 2010, just months after the tragic loss of Joseph John Rovero, III, from a lethal combination of alcohol and prescription medication that had been prescribed by a doctor.

Cooper knows only too well the dangers presented by opioids. She joined NCAPDA as a result of the devastating loss of her son Jon, who died at age 26 from an accidental overdose from prescription drugs illegally prescribed to him by a dentist. “Overprescribing of opioids has harmed millions of pain patients and led to major increases in addiction, heroin use, and overdose deaths,” Cooper said. “To date, the response from the federal government has been slow and tragically ineffective. While the President signed the Comprehensive Addiction and Recovery Act (CARA), sadly it only authorized funding and did not actually provide any funding. In fact, two different emergency funding proposals of at least $600 million to provide minimum funding have been dismissed by the current Congress. As a steering committee member, I was helping to organize and lead efforts at the reception, rally, march and Hill Day to ask for the funding needed to find new ways to prevent opioid addiction, to ensure access to effective opioid addiction treatment, and to reduce opioid overdose deaths.”

Cooper said, “Together, we must continue to bring awareness and education to the devastation that this epidemic is having on all of our communities. We have received support from President Obama and other leaders such as Michael Botticelli, but we must have support from all our leaders, regardless of their political affiliations. We had a very successful weekend, with a sold out reception at the National Press Club on Saturday and a Hill Day on Monday for an educational briefing regarding the deficiencies in the CARA act followed by scheduled meetings with members of Congress/staff.

“The FED UP! rally provided an opportunity for those who have been personally impacted by this horrific epidemic to stand together not only for support, but to bring together our voices to demand change. Stories of loss along with hope are important to share. For those who have experienced loss, we need to be the voices of those who are gone and for those who are in recovery. Their stories need to be told to show that recovery can and does happen. We are making progress with prescription drug monitoring programs. Recent legislation passed (CA SB482) requiring all prescribers to check the state run prescription database in California (CURES 2.0), and expansion in many states to access overdose reversal medicine- Naloxone,” Cooper explained.

“I’ve seen many people from all over our country take their personal pain, suffering, and shame, and work together to save lives. There are so many organizations that are doing great work and sharing their experiences with others. Lastly, I believe that we are reaching the medical professionals. There is an inherent shift taking place in questioning how to treat pain.”

In October 2016 there appeared to be movement toward that end. The DEA announced it is requiring significant cuts in the production of prescription opioids. By 2017 the amount of prescription opioids permitted to be manufactured in the United States will decrease by at least 25 percent. Hydrocodone production will be cut by 34 percent, the DEA said in a news release.

Much needs to be done on numerous fronts to contain the opioid crisis. The FED UP! rally raised awareness and the DEA restrictions will have an impact. These are small steps, yes, but at least steps in the right direction.

Maxim W. Furek, MA, CADC, ICADC is the founder of the Berwick Anti Drug Alliance. His rich background includes aspects of psychology, addictions, mental health and music journalism. His book Shepton: The Myth, Miracle & Music explores the miraculous and supernatural elements experienced by two entombed Pennsylvania miners. Learn more at sheptonmyth.com

PHOTOS BY MAXIM W. FUREK

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LIVING BEYOND
A Monthly Column By Dr. Asa Don Brown
Continued from page 28

to live life, then-and-only-then, are we living life through a mindful approach. It is through this approach that we are shedding our old person and seeking to live life anew. It is with a mindful approach that we must begin to live our life. Be selective even in the words you choose to entertain. The word mindful is defined as a “conscious awareness.” While the word approach is to “come near or nearer to something.” Mindfulness is the ability to come near and nearer to a conscious awareness.

HOW DO YOU BEGIN TO PURPOSEFULLY LIVE LIFE?
Focus your mind daily upon the positive perspectives of your life. Be conscious of your ambitions, goals, and desires. Deny room for the naysayers and downplayers. For who you are, your worth and person, should not be based upon the favorability or opinions of others. For who you are, should be based upon an unconditional state of love, acceptance and approval.

May you begin living beyond.

Author: Dr. Asa Don Brown, Ph.D., C.C.C., D.N.C.C.M., F.A.A.E.T.S.
Website: www.asadonbrown.com
References Provided Upon Request

AN OVERVIEW OF HOW FAMILY LAW COURTS IN FLORIDA TREAT ALCOHOLISM AND ADDICTION
By Joseph M. Considine, P.A.
Continued from page 12

rulled there was no privilege because of the seriousness of the existing problems with the mother. However, for there to be an exception to the general confidentiality of treatment records rule, the calamitous event has to occur during the pendency of the litigation and not earlier.

Protect The Therapeutic Alliance
Many therapists know full well the value of the therapeutic alliance between client and therapist. Sometimes, lawyers or the client will call the client’s therapist to testify to the fitness as a parent. The evidentiary privilege is waived when the therapist testifies. Lawyers, clients and therapists need to jointly determine whether to interrupt the therapeutic alliance between the therapist and client by having the therapist testify which then permits inquiry into all matters discussed with the client in therapy. I never use the client’s therapist to testify unless there is no other possible way to get evidence of recovery and fitness before the court. The better practice is not having the therapist testify and instead, having the client undergo a psychological evaluation by a forensic psychologist who is then able to testify as to the parent’s fitness.

Assure The Client She Will Not Be Harmed In The Case If She Goes To Treatment
The spouse/parent/client must always be encouraged to go to treatment and recover from the addiction even if there is a pending or looming divorce case. If there is an addictive process, the individual’s safety and health should come first. Safety first – always. The client is to be assured that the act of going to treatment will not be used against them, whereas, if there is a substance abuse issue and no attempt at treatment, the court will take the untreated substance abuse into account when making its decisions. I try to get clients to take a long view and assure them that they will always have unsupervised time and access to their children if they get help and stay clean and sober, but their access will be limited or supervised if they continue to abuse substances. The court always wants to protect the children and see the benefits of treatment to the children and the individual parent. In Wyatt, the court wrote that: “As a matter of policy, we decline to affirm a result which, under the facts of this case, effectively penalizes an otherwise fit, competent parent for the commendable action of recognizing an addiction to prescription drugs, seeking assistance with, and successfully completing treatment for that problem. Wyatt v. Wyatt, 689 So.2d 1140 (Fla. App. 3 Dist. 1997)

Successful completion of treatment has served as the basis for a modification of time sharing after a period of recovery. A father was able to get a custody decree modified when he presented competent evidence that he had recovered from his addiction to substances. The Father had the testimony of two doctors licensed in mental health counseling and friends, that he had not relapsed in his addiction, and didn’t have problems with his supervised time sharing with the children. The Court ruled that the Father had proven a substantial material change in circumstances and that a change from supervised to unsupervised time sharing was in the best interests of the children.

Joe Considine has practiced law in South Florida since 1983. His practice is limited to family law and addiction related law including the Marchman Act. Joe has handled over 1500 litigation cases in his career, appearing in courts throughout Florida. Joe works extensively with families whose loved ones have substance abuse and mental health problems as an attorney. He lectures throughout Florida on family law matters including the Marchman Act and other substance abuse related issues.
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Ibogaine is an organic substance that cannot be patented; therefore passing legislation approving Ibogaine for addiction treatment? state politicians jumping on a class action lawsuit when they should be a direction that would immediately save lives – as in today – and backwards. Wouldn't it make more sense to put your energies into people are going to die from opiates and opioids.

Columbia wage a class action law suit against the manufacturers companies love it. But what about the addicts caught in the middle, industry. No wonder insurance companies hate it and pharmaceutical Addiction treatment is a $35,000,000,000.00 billion dollar a year epidemic. That shows a pattern of safe and effective addiction treatment that can no longer be ignored.

However, considering the breadth of our epidemic and the lack of success in treating the disease, it's surprising the U.S. still has perhaps the harshest position on Ibogaine compared to all other countries. In most other countries Ibogaine remains unlicensed and unregulated. Ibogaine addiction treatment clinics have been operating in Costa Rica, Mexico, Canada, the Netherlands, South Africa, and New Zealand for quite some time.

It seems as though Ibogaine treatment clinics can be found just about everywhere except the U.S. where 80% of the global opioid supply and 99% of the global hydrocodone supply, as well as two-thirds of the world's illegal drugs are consumed here at home in the U.S. where we have less than 5% of the global population.

In fact, some centers in Mexico tell me that the majority of their clientele are Americans addicted to Suboxone – an opioid whose research was subsidized by U.S. Taxpayer dollars.

This begs the question, why are our government agencies funding research on an addictive opioid more powerful than heroin whose intended purpose is to treat heroin addicts when an organic non-toxic non-addictive plant medicine within our grasp can eliminate painful withdrawals and drug cravings while putting a person on a solid path to recovery? Sure seems to me that Suboxone should be the banned substance classified as a schedule 1 drug and Ibogaine needs to be mandated in all addiction treatment protocols.

Some states that have been hit particularly hard by the opiate/opioid epidemic are fed up with the federal government's Suboxone profit-motivated solution and are attempting to take matters into their own hands. Vermont bill H.387 calls for an Ibogaine pilot program. “12 (a) The Commissioner of Public Safety, in consultation with the Commissioner of Health, shall develop and implement a pilot program to dispense Ibogaine for the treatment of individuals addicted to drugs or alcohol.” New York State has a similar piece of legislation, Assembly Bill A8356A “Requires the office of alcoholism and substance abuse services to encourage, aid, and facilitate clinical research into the use of Ibogaine in drug treatment for heroin, methamphetamine and cocaine addiction.”

Addiction treatment is a $35,000,000,000.00 billion dollar a year industry. No wonder insurance companies hate it and pharmaceutical companies love it. But what about the addicts caught in the middle, what is best for them? While thirty-six states and the District of Columbia wage a class action law suit against the manufacturers of the opioid Suboxone for improper trade practices, thousands of people are going to die from opiates and opioids.

It just seems to me our leaders have lost their way, they have it backwards. Wouldn’t it make more sense to put your energies into a direction that would immediately save lives – as in today – and completely eliminate the need for Suboxone all together? Why are our state politicians jumping on a class action lawsuit when they should be passing legislation approving Ibogaine for addiction treatment?

Ibogaine is an organic substance that cannot be patented; therefore PhRMA cannot make money on it. With no money to be made, the pharmaceutical industry will not research Ibogaine, nor will universities or medical research hospitals – ergo, our healthcare that we entrusted to PhRMA is determined by market forces and by profit as opposed to safe and effective evidence-based, scientifically-proven therapies.

Advocates for profit-driven solutions to addiction treatment fear Ibogaine. They know Ibogaine has the potential to collapse the addiction treatment industry and bring an end to this very profitable $35,000,000,000.00 billion dollar a year epidemic. These advocates make huge political contributions that many have suggested influence policy. This is all the more reason to ask every politician who crosses your path what they are doing to get Ibogaine approved for addiction treatment.

John Giordano DHL, MAC is an addiction expert and consultant, the President and Founder of the National Institute For Holistic Addiction Studies, Chaplain of the North Miami Police Department and is on the editorial board of The scientific Journal of Reward Deficiency Syndrome (JRDS) and has contributed to over 65 papers published in peer-reviewed scientific and medical journals with the discoverer of the addiction gene Dr. Kenneth Blum and other noted scientists and researchers. For the latest development in cutting-edge treatment check out his website: http://www.holisticaddictioninfo.com

### KEEPING KIDS SAFE: VITAL CONVERSATIONS

By Jeanne Blake

Effective listening includes eye contact – not pretending to listen while looking at your smart phone or watching TV. You can show your interest by offering a nod or encouraging comment.

2) Tell the truth

Children don’t respond to scare tactics or just being told not to do something. Dr. Kevin Hill, Professor of Psychiatry at Harvard Medical School and Director of McLean Hospital’s Substance Abuse Consultation Service, finds that kids are smart enough to process sensible conversations about substances, along with nuances about those substances. “Open, frank conversations help them learn the truth about different drugs,” says Dr. Hill. “And more importantly, it shows kids that adults around them know these are important topics. This makes it more likely young people will feel comfortable coming to these adults when necessary.”

3) If you’re concerned, take action

When parents suspect a child is using substances, they must take it seriously. “That’s when you get a consultation with a substance abuse expert,” Dr. Hill says. “Usually when parents think an evaluation is necessary, it is.”

Dr. Hill will share his research on youth and substance abuse as a guest expert in a two-day Words Can Work training in Boston on November 14, 15. The training, Engaging Youth in Preventing Opioid Addiction, featuring the DVD Drugs: True Stories, is designed for prevention and addiction specialists, school counselors and educators. “Attendees will learn the most recent research in substance use trends and how to detect the early signs of abuse,” says Dr. Hill.

Learn more at www.wordscanwork.com or by calling 978.282.1663. Jeanne Blake is a former television medical journalist and creator of Words Can Work. She’s an affiliated faculty member at Harvard Medical School’s Division on Addiction. She can be reached at jblake@blakeworks.com.
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