GIVING VOICE TO RECOVERY

by Singer Songwriter Elizabeth Edwards

Are We Facing Irregularities by American Insurance Companies in Spite of Addiction Medicine Parity Laws
By Kenneth Blum, Ph.D. and Joan Borsten

Celebrity Worship and Our Quest for Happiness
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Dear Readers,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


Sincerely,

Patricia
Publisher
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A new school year is just around the corner. For those who are shipping off to college for the first time the impending start of school can be both exciting and daunting. College offers the chance to explore new things and meet new people; exercise newfound freedom and let curiosity roam free.

But these more pleasant bits are inherently coupled with the pressures of college life—like fitting in, feeling inadequate, meeting academic and/or athletic performance standards, peer pressure and social anxiety. The fact is that the stresses of life as a college student are simply unavoidable and when coupled with the freedom, some students choose to cope with them by abusing drugs and alcohol.

Awareness of the culture of drugs and alcohol on the college campus is a crucial part of avoiding the road to abuse. Knowing what types of drugs are popular, how they are used, common situations to be cognizant of, consequences of abusing drugs and alcohol, recognizing signs of addiction and getting help is vital information for an incoming college student.

Liquid Courage

The most commonly used substance on college campuses across the country is alcohol. Alcohol is everywhere: fraternities and sororities, dorm rooms, house parties, bars; you name it. It’s easy to get and it’s usually cheap, if not free. Besides being easy to get your hands on, alcohol is popular because it can ease the tension of a potentially awkward situation, minimizing social anxiety.

Going to a college party for the first time can be exciting but one can quickly become overwhelmed by so many new faces or pressure from peers to drink. The simple want or need to fit in pushes many students to drink, even if they don’t want to or aren’t ready. To make the stakes even higher, college students tend to binge drink rather than drink casually. Maybe it’s the increasing number of drinking games that is causing students to drink at such an alarming rate or maybe it’s an indirect result of our fast-paced culture, but either way binge drinking has become the new standard. Nobody wants to take first place in getting alcohol poisoning. Pace yourselves, people.

Devil’s Lettuce

According to the National Institute on Drug Abuse, daily marijuana use has more than tripled in the past two decades among college students. Perhaps even more surprising is that college students smoke pot daily more often than they drink alcohol daily. Marijuana has also become increasingly easy to obtain as more states have passed medical and recreational marijuana laws. Students tend to smoke pot because they feel it can improve mood, ease tension and/or relieve pain.

It has become so popular on college campuses that it’s hard to point out common situations in which students use it. Daily marijuana users might smoke several times a day: in the morning, before class, while playing video games or watching a movie, before eating, at parties, before bed, etc. Basically, whenever there is time to smoke.

Marijuana has been used by various cultures for centuries and is often thought of as harmless because of its medicinal use for chronic ailments. But marijuana affects everyone differently. It can impair judgment and perception, cause a racing heart and paranoia, and for heavy users, can lead to social problems. Smoking marijuana is not only an expensive habit but causes an increasing lack of motivation and can be detrimental to academic performance.

The “Study Drug”

Stimulants like Adderall and Ritalin are generally prescribed to treat Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD). These drugs have become popular around college campuses because they can increase motivation, mental focus and productivity: hot commodities for the college student.

These “study drugs” are cheap to buy and easy to find on any college campus as they have become widely prescribed to America’s youth. And as they have become widely prescribed, they have become increasingly abused by college students. Need to stay up late to finish a paper? Need to cram for an exam? Too tired to go out on a Saturday night? Stimulants like these have become the answer to all of those questions.

In case taking prescription drugs wasn’t inappropriate enough, the “study drug” has become a popular substitute for cocaine. Although it is starting to make a resurgence, cocaine is still expensive, hard to come by on a college campus and unreliable in quality. It is not uncommon to find students crushing the medicine into a powder and using it nasally.

Just remember, not everyone is suitable for a prescribed drug. Improper use can be fatal and it happens more often than one would think. And what ever happened to coffee?

These substances are certainly not the only drugs one can, and probably will, see around a college campus. Opioids, cold medicines, over-the-counter medicines, molly, ecstasy and almost any prescription drug on the market can be found at a university and can be abused.

Unfortunately, it is not uncommon for abuse to lead to addiction. Nobody wants to get addicted to drugs or alcohol, especially a college student who has more opportunity and potential than some people could ever dream of. But we are creatures of habit, and it’s usually easier to form bad habits than it is to form the good one’s. Besides potentially spoiling your academic career for good, substance abuse and addiction can cause physical side effects like organ damage and hormone imbalance, emotional side effects like depression and anxiety, and social side effects like damaged relationships with friends and family.

Substance abuse and addiction very literally changes a person to the core. Understanding the potential that these side effects have and recognizing signs of addiction are crucial. Poor academic performance/ attendance, lack of motivation, depression, changes in weight, isolation/ withdrawal from friends and family and/or agitation and frequent outbursts are all common signs of substance abuse and addiction.

The good news is that help is always right around the corner, especially on a college campus. The best and most important thing to do is to stay in open communication with someone, whether it’s a peer, a professor or a member of the medical staff on campus and use the university’s resources on substance abuse prevention and treatment. Remember, students don’t have to drop out of school if they find themselves in a hard spot with drugs and alcohol. Universities can work with the student to get them the help they need while continuing their academic pursuits.

Dr. Deja Gilbert is the Chief Business Officer at Retreat Premier Addiction Treatment Centers. She obtained her PhD from Capella University and is a Licensed Professional Counselor (LPC) as well as a Licensed Mental Health Counselor (LMHC). She began her journey in the addictions industry over 15 years ago.
Retreat Premier Addiction Treatment Centers specializes in helping University students find recovery. Using comprehensive rehabilitation programs, which include: medical detoxification, residential care, partial hospitalization, and intensive outpatient programs, we assist students in navigating through early recovery while continuing to pursue their academic goals.

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My story is one of music, family, addiction, recovery, advocacy- and more music.

My musical talents surfaced and stood out early in life. As the middle child of nine, I learned to sing harmonies in church with my sisters, Mom and Grandmother. I started writing my own songs when I was given a guitar for my thirteenth birthday. In high school, I was often the lead soloist in a “Glee-Like” Jazz choir that competed at international Jazz festivals. At sixteen, I was awarded California State Honors for Music and had the lead in my high school musical. I had an amazing music teacher who was grooming me to pursue a college degree and was working on my behalf to help me secure a scholarship.

By all appearances I was a well-adjusted, happy teen. However, by the time my senior year rolled around, I had dropped out of high school and left my family for months wondering and worrying about me. I fell into what I now recognize as my first “bottom” with alcohol and drugs. I survived round one and eventually found my way home. Even though I did not yet recognize that addiction was the issue, I did manage to stay clean and sober for a while. I was nineteen years old and felt shamed, “broken” and bad. All the harsh things people said to me or about me didn’t come close to how hard and judgmental I was on myself.

I soon learned and developed the art of “over-compensating behavior” and started to rebuild my life. I would rebuild and crash a few more times over the next several years before I figured it out. With each “bottom” I grew more hopeless and helpless – I didn’t understand addiction. I just thought I was a bad and defective person and couldn’t figure out why.

It was October 13th, 1986 and what I thought might be the worst day of my life turned out to be one of the best days– it was the day I got clean and sober.

I was a student at Chico State and by that time, a young single mom trying to finish my degree in Communications. I had given up on music and was doing my best to be a good person and parent. I was trying to do good things with my life but it was getting more and more difficult to hold it all together. My drinking episodes were out of control and had been for quite a while. It felt like no matter how hard I tried to “get it together”; I would just end up doing the same self-destructive things over and over again and couldn’t understand why. It felt like “all my problems” were happening “to me” and I couldn’t stop them. I felt like a victim with no power.

Up to that point, I never allowed myself to consider that the drinking and drugs I used to keep me going were a big part of my problem. In fact, I had come to rely on them as “my solution” to the overwhelming mass of unresolved feelings that I couldn’t name or escape from.

But on that day, after a “three-day blur” and hearing the damage reports from well-meaning friends, for whatever reason, I knew I had to stop. I had that moment of clarity that some of us are blessed with.

I never thought of myself as an addict or alcoholic, but I knew enough to get help. For me, “that help” has continued to help me stay sober and resolve a lot of the inner turmoil that was driving the need to fix my feelings. As a person in long-term recovery, it is important for me to say that recovery is a journey, not a destination and I continue to work at it on a daily basis.

Recovery for me has been an inside job; a process of owning all of me and honoring the journey that brought me home to myself. I had no idea how good life could be and that decades later, I would have the beautiful, amazing life I live today.

What I know now is that addiction is about chemistry, not character. Recovery is about sick people who need to heal, not about bad people who need to “get good”. Addiction is an equal opportunity disease. I have met people from every possible background that have suffered the bondages of chemical dependency and the results are always the same; blind self-destruction that destroys everything in its path. I wasn’t trying to get high- I was trying to get free. Free from the overwhelming, unrelenting, unresolved feelings of pain that I couldn’t name and couldn’t turn off. It is my experience that no matter what the drug or how one comes to be chemically dependent, it all boils down to fixing the pain with “chemistry” and then the “chemistry” ends up owning you.

By doing the work on my own recovery, my music eventually came back to me through a series of blessings. I have been given a great opportunity to develop my career as a songwriter, singer and recording artist. I’m touched by the many people both in and outside of recovery circles who have found my work inspirational. The feelings that once plagued me are now the substance of some of my best work; life is funny that way. I am blessed with a beautiful, musical journey that has mirrored my personal recovery. My new record, House of Mirrors, is by far my best work. The small miracles that led to this project and the impact it has had so far, has confirmed my faith. I am exactly where I am supposed to be, doing exactly what I’m supposed to be doing. What a great feeling!

Along the way, prompted by the pain and struggles in my own family, I have become aware of the millions of people affected by the recent increase in prescription drug addiction and the families that have suffered the loss of loved ones due to this epidemic. One of the things that most concerns me is that we live in a society that has a “pill for every ill” and that this has become the accepted way of thinking. This mentality, motivated by profit and powerful marketing practices, coupled with the shame and stigma attached to those who get addicted, is the making for the perfect storm and is killing millions.

It is to this cause that I have been asked to lend my voice and my songs. It is my hope that by doing so I can help to erase the deadly stigma and shame attached to addiction and give voice to what I know to be true… recovery works.

Elizabeth Edwards is a singer/songwriter and Flight Records recording artist. Elizabeth is especially appreciated by those in recovery because of the powerful messages in her songs. As a person in long term recovery and with the support of The Gene Duffy Foundation, she plays an active role in the recovery movement. You can learn more about Elizabeth’s music and her upcoming events at: ElizabethEMusic.com and her advocacy work at: ThePower2Change.net
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There are approximately 14,500 clinics and programs in America that provide treatment for all types of addictive behaviors we call "Reward Deficiency Syndrome (RDS)". While most of these have good intentions to provide needed help to the victims of RDS, we propose herein that most of their efforts, especially during periods of aftercare, are not based on the existing scientific evidence. One important barrier to treatment relates to potential fraud on the part of insurance companies. If we consider addiction for both drug and non-drug related to be a brain disorder as espoused by the American Society of Addiction Medicine (ASAM), with genetic and epigenetic impairments, how could it be fixed in weeks or months, let alone in 7-30 days? Without considering genetic predisposition as a factor, evidence emerging from neuroscience now suggests that it will take at least 3 years for the brain to heal in heavily addicted opiate/opioid patients.

For example, neuroimaging studies clearly show that in abstinent heroin addicts there is a protracted reduction of resting state functional connectivity (where one brain region cross talks with a distant brain region) particularly in an important network that includes: dorsal anterior cingulate, medial frontal gyrus, nucleus accumbens, posterior cingulate, occipital cortical areas, and cerebellum. These facts will promote the "revolving door" and relapse. We also now know that certain genetic variations such as individuals that carry the A1 form of the dopamine D2 receptor gene will have 30-40 % less D2 receptors and as such will have a high risk for relapse, hospitalization and even fatality. It is noteworthy, that over 100 million people in the United States alone, carries this gene form.

Our basic tenant is that the majority of people entering an addiction treatment facility, possess a hypodopaminergic trait (genetic) and/or state (epigenetic) which is critical in terms of continued motivation to use/abuse of alcohol or other drugs and certain addictive behaviors (e.g. gaming, food, sex etc.) and can lead to relapse. Refusing intensive treatment for all RDS behaviors is tantamount to refusing treatment for other inheritable disorders like diabetes and cancer.

History of Parity Laws for Mental Health

We would like to point out the brief history of the Parity laws governing health care in the United States as it pertains to addiction. It is noteworthy, that in the 70s and even 80s many employers argued against mental health benefits for Substance Use Disorder (SUD) under the Employee Retirement Income Security Act of 1974 (ERISA). Not until 1994 did the Clinton administration propose that Mental Health and SUD services are to be fully integrated into health alliances. This was countered by others suggesting (1) the health plans had the ability to manage the benefit so as to alter patterns of use; (2) a payment system for health plans that addresses biased selection; and (3) preservation of the existing public investment while accommodating in a fair manner differences in funding across the fifty states. In 1996, the Mental Health Parity Act required employers and insurers offering mental health benefits to raise dollar coverage limits on mental health services to the level of surgery and major medical services. In 2012, Kennison Roy and other ASAM physicians helped form stronger Parity laws specific to change the practice activities of addiction physicians, addiction therapists, addiction counselors and addiction nurses, as well as the activities of administrators and service delivery financial personnel. In 2014, T.D. Molfenter pointed out that The Patient Protection and Affordable Care Act (PPACA) would significantly alter addiction treatment service delivery.

Are we facing Fraud by The American Insurance Companies?

American insurance companies still do not understand addiction. Five years after ASAM redefined addiction as a chronic brain disease the United Behavioral Health telephone prompt says: “If you are calling about substance abuse say ‘behavioral.’”

Parity violations abound. The Office of the New York Attorney General, a national leader in enforcement of the Mental Health Parity and Addiction Equity Act of 2008, has already successfully prosecuted at least five cases against health insurance companies that failed to cover residential treatment, improperly evaluated claims, denied medical necessity more frequently than major medical, or charged higher co-payments for outpatient visits. Some of the insurance companies were forced to recalculate years of previously paid claims determined by the Office of the NY Attorney General, to most probably been underpaid.

It was the NY Attorney General that sued all of the major insurance companies in 2009 for using Ingenix, a corrupt re-pricing database owned by United Health Care. Ingenix regularly underpaid out-of-network providers their Usual, Reasonable and Customary (UCR) rates. The providers then balance billed New York consumers for the difference. Attorney General Cuomo determined that the insurance companies and Ingenix had bilked his constituents out of millions of dollars. A subsequent investigation by the Commerce Committee of the U.S. Senate determined that consumers across the country had been bilked out of billions. Cuomo used the 2009 settlement monies to create Fair Health, a non-profit data base for determining UCR rates for out-of-network providers.

Six years later all of the major insurance companies were again using Ingenix-style for profit “UCR cost containment” vendors. This time four of the most prominent vendors, each with different “branding,” are actually owned by the same New York-based parent: Multiplan. On April 3, 2012, NY Attorney General Eric T. Schneiderman pointed his finger at Viant, one of the Multiplan companies, for illegally re-pricing Oxford Insurance claims from out-of-network providers who were not contracted with them. Three months later Schneiderman found that another Multiplan’s Data ISight was underpaying out-of-network providers who then balanced billed members of AXA Equitable Life Insurance's employee health plan.

California is now seeing the same violations of mental health parity that have been investigated by the NY Attorney General’s Office plus late payments, robo-signed denials of payment for lack of medical necessity, fail first protocols, likelihood of improvement requirements, denial of treatment because of patient non-compliance, and limits to the scope or duration of benefits for services provided under the plan or coverage. Additionally, as the major insurance companies don’t like paying for effective addiction treatment, they are using companies owned by Multiplan.

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In the spring of 1935, on over one-thousand acres of sprawling green hills just seven miles north of Lexington, Kentucky, the federal government opened one of the most novel and innovative concepts in addiction treatment and research – The United States Narcotic Farm. ‘Narco,’ as it became known locally, was a research hospital operated by the Federal Bureau of Prisons. It was a bold public works project that housed 1500 men and women and became the home for the Addiction Research Center (ARC). Albeit it was originally intended as a ‘volunteer only’ center for people seeking help for their addictions, it is estimated that over one-third of its residents ‘volunteered’ for the Narcotic Farm in lieu of being sent to other federal prisons for crimes directly or indirectly related to drug abuse.

For the next forty-years the Narcotic Farm was the epicenter for pioneering and ground-breaking addiction research and treatment. Human experiments were conducted on volunteers. The facility is credited with many achievements including the development of the two major Medication-Assisted Treatment (MAT) drugs Methadone and buprenorphine (brand name Suboxone). In fact, buprenorphine was the last study conducted at The United States Narcotic Farm before the operation was moved in 1975 to the Federal Medical Center in Devens, Massachusetts.

There were many at the facility who objected to the testing of buprenorphine based on their experiences with Methadone. They claimed the volunteers liked Methadone to much and as a consequence the patients’ drug use was extended. Their objections were not but the powers at the time decided to move forward with testing buprenorphine’s abuse potential on detoxified addicts. These scientists operating the facility believed wholeheartedly in treating opioid addiction with opioids and viewed buprenorphine as the “Holy Grail” according to author and associate professor of Science and Technology Studies at Rensselaer Polytechnic Institute, Dr. Campbell. She also stated that many of the scientists “floated in between the public and private sector for most of their careers.” In her research, Dr. Campbell found that the Narco pharmacist became an executive vice president of Reckitt Benckiser Pharmaceuticals, patent holders of buprenorphine. It was further revealed that Reckitt Benckiser contracted with the former National Institute on Drug Abuse director who originally promoted the public-private partnership.

According to Deborah Sontag in her New York Times article (Nov. 16, 2013) titled: “Addiction Treatment With a Dark Side,” The federal drug abuse institute financed the two big clinical trials necessary to win F.D.A. approval for $28 million and later spent an additional $52.4 million for studies at its clinical research sites. At least $19 million more in studies are underway. Further, the F.D.A. granted the company a seven-year monopoly based on its claim that it would never recoup its development costs. (Reckitt now has a market value of $56.7 billion; 21 percent of its operating profits last year came from Suboxone.)

Suboxone was approved by the FDA in 2002; so all of these concessions and money funneled to Reckitt appears to have occurred before approval. This begs the question “why are taxpayer dollars being doled out to a publicly traded multinational company headquartered in Slough, England with substantial market capitalization, for the research and development of yet another opioid when there are so many promising non-opioid, non-pill, non-pharmaceutical therapies sitting on the shelf due to lack of funding?”

The answer is not as complicated as some would have you believe. The pharmaceutical industry has used their vast moneyed resources, lobbyists and revolving door policies to infiltrate and control nearly all of what we once considered our national institutions and prescribing doctors. They own congress which handed over the FDA and left our research universities and their discoveries on their own to fend for themselves.

The days of Dr. Jonas Salk and his team of scientists and researchers at the University of Pittsburgh searching for a cure for Polio are long behind us. This was the era when drug companies would provide grants to research universities to test their products and hope for the best. It was also the time when the National Institute of Health (NIH) was the major sponsor of research. That has all changed.

Over the years, the strain on Federal budgets has had a measurable negative effect on tax-payer investment in research. According to the Federation of American Societies for Experimental Biology (FASEB); from FY 2003 to 2015, the National Institutes of Health (NIH) lost 22% of its capacity to fund research due to budget cuts, sequestration, and inflationary losses. Even with an increased FY 2016 budget from congress, NIH’s capacity to fund research is still lower than it was before sequestration (prior to FY 2013).

Annual domestic spending on biomedical research for this year is estimated to be in the $117 billion range. Certainly a big number; but to put it into prospective it amounts to about 0.7% of our GDP. The NIH plans to invest 32.3 billion (down from its peak of $40 Billion in 2003) or approximately 28% of the overall investment. The lion share of the remainder comes from private industry lead by PhRMA.

As the old axiom goes; ‘if you want to find the answer to anything just follow the money.’ The Bayh–Dole Act (1980) opened the door to Academic Medical Centers (AMC) just a crack and PhRMA walked right in. They became more aggressive in their relationship with research centers and the facilities accepted it because they are now incentivized by their financial interest in the outcome of the research. The centers policies and direction were slow-walked from the greater good of the general public to shareholder value.

According to a report from the University of Pittsburgh Schools of the Health Sciences (UPMC); “Almost every major U.S.-based pharmaceutical company in 2012 — and nearly 40 percent worldwide — had at least one board member in a leadership position from a U.S. academic medical center, raising potentially problematic conflict-of-interest questions. The Journal of the American Medical Association (JAMA) reports that; The board members were compensated an average of $312,564 by the pharmaceutical companies, while concurrently holding clinical or administrative leadership positions at academic medical centers. Clearly lines have been blurred and ethics violated. Less money coming into the Universities from NIH helped leverage PhRMA’s already outsized influence on campus. The end result

Continued on page 44
We are the second step to becoming sober.

Calling us is the first.
It is not news to anyone who reads The Sober World that we have a drug epidemic of monstrous proportions in this country. In Palm Beach County, Florida alone, emergency medical services personnel advised recently that there are between five to eight overdose deaths per week from heroin. Families, therapists, treatment professionals, clinicians, technicians and anyone affected by addiction need to know all the tools at their disposal to get assistance to the substance impaired individual. The State of Florida has a history of being proactive in some instances in terms of getting help to substance impaired individuals, which is especially needed at this time in our state. In 1993 Florida enacted the Hal S. Marchman Act, the first law of its kind in the country to get substance abusers into treatment via the courts. Many treatment professionals around the country bemoan the lack of such a law in their home states. Studies by UCLA and NIMH have demonstrated that court sanctioned treatment is more effective than treatment which is not court ordered. The Marchman Act provides leverage to the family of the alcoholic/addict to stop the destructive behavior and require that the individual go to treatment for a significant period of time or go to jail for violating the court's order for treatment. Not surprisingly, most addicts would prefer the comfy confines of a treatment facility to those of a jail cell.

Effective July 1, 2016, the Legislature made changes to Florida’s Marchman Act which makes it easier to get help for the substance impaired individual. Now, a single, unrelated adult (such as a friend or colleague) can petition the court for treatment services for the addict/alcoholic instead of requiring three unrelated individuals to file the petition for assessment or treatment. Sometimes families are terribly enmeshed with their addict/alcoholic and cannot or will not take the necessary action to intervene. The new changes make it easier for impaired individuals to get the needed help who do not have family members nearby or whose family either will not or cannot become involved.

The Marchman Act now makes it clear that an individual with a “co-occurring mental health disorder” can be ordered to treatment. As a lawyer practicing in this area of the law throughout Florida, many cases in my office have a significant co-occurring mental health disorder such as a mood disorder (bipolarity and depression, most typically). The revised law is very helpful to families of a loved one who suffers with a mental illness and substance abuse. Sometimes the substance abuse is a way of self-medicating and not the major issue.

The revised Act now increases the initial time for treatment from 60 days to 90 days. Many times the family wants to extend the treatment order beyond the initial residential setting to allow for intensive outpatient treatment with a sober living component and then later, a further step down to outpatient treatment and a sober living environment. All of these modalities are permitted under the Marchman Act which presumably allows with the use of extensions of the treatment order, for an individual to remain under an order for in excess of six months.

The Marchman Act typically involves two steps - assessment and treatment. Assessment takes place by a qualified professional and must be done within 72 hours, presumably from the time the individual arrives at the facility for the assessment. During the assessment period, the individual is to be held by the facility for five days unless the family has filed the petition for treatment. Our office’s practice is to always initially file the treatment petition with the assessment petition so that the facility can legally hold the individual beyond the initial five days.

The changes to the Act now require that a treatment services hearing occur within five (5) days after the petition for treatment services is filed; hence, this is a rapid process. This change has caused a great deal of strain on the Clerks’ office in terms of scheduling but so far they are doing a good job complying with the statute.

The revised Act makes it a bit more difficult to have an order for treatment services entered when the person has not previously failed at treatment. However, I have not yet seen that used as a defense to a Marchman Act proceeding.

The changes to the law make it clearer that when the impaired individual has the resources to pay for treatment that he or she should pay or make the necessary arrangements with his or her insurer to pay for it.

More and more people are wisely using the Marchman Act to get the help needed for their loved ones.

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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SUBSTANCE USE DISORDER IN PREGNANCY
By Debra Anne Jones MD, FACOG, MBA

Substance Use Disorder during pregnancy is more common than people know or realize. In fact, it is very common among women of the reproductive age. Substance Use Disorder (SUD) during pregnancy is common, however, it is hard to detect because the signs and symptoms are sometimes very subtle and women may inaccurately disclose their substance abuse or may seek very little or no prenatal care at all out of shame and fear. In addition to the avoidance of prenatal care, SUD is also suspected when unexplained pregnancy complications occur such as premature labor and delivery, placental abruption and unexplained cases of fetal death. Also, a chaotic lifestyle where there are frequent changes in their accommodations or employment and signs of domestic violence can also be an indicator.

The four main categories of substances abused by pregnant women are central nervous system depressants such as alcohol, sedatives, anxiolytics, and hypnotics, stimulants such as cocaine and amphetamines; opiates; and hallucinogens/psychotomimetic, including lysergic acid diethylamide (LSD) and phencyclidine (PCP).

Opioid addiction is a physical dependence on and subjective need and craving of opioid drugs. Maternal drug opiate use has been documented as early as 1800. Prenatal maternal opioid use has increased from 2000 to 2009. From 2009 to 2012 the incidence of neonatal abstinence syndrome (NAS) in the USA has increased from 3.4 to 5.8 per 1,000. In Florida, the prevalence of NAS has increased from 2009-2013.

The current obstetrical practice is not to withdraw opiate-addicted pregnant women during pregnancy. Detoxification during pregnancy has been traditionally associated with stillbirth, fetal distress, premature labor and most importantly a high rate of relapse.

Medical Assisted Treatment of substance use disorder can reduce the risk of preterm delivery, low birth weight, transmitting HIV and Hepatitis C to infants and decrease the risk of relapse. Currently, the accepted medications used for Medical Assisted Treatment in pregnancy are Methadone and more recently Buprenorphine. Methadone currently is the only opioid medication approved by the FDA to treat pregnant woman in MAT, however, a growing body of evidence suggests that Buprenorphine is associated with improved maternal fetal outcomes. Naturally, MAT should be used with counseling and other services to treat the pregnant individual addicted to heroin or opioid prescription pain killers.

A recent study suggested that medically supervised detoxification of the opioid addicted women was not harmful to the mother or the fetus and possibly decreased NAS if continued comprehensive behavioral health follow-up designed to decrease relapse occurred.

There are several factors that help decide the success of treatment in pregnancy.

These include:

1. **The substance free support the patient receives**
   The patient with non-drug using individuals in her group who are supportive of her abstinence are more likely to succeed in medical assisted withdrawal.

2. **Integrated treatment**
   A patient would be more likely to remain abstinent if she has an integrated treatment plan that includes counseling, antenatal and postnatal care, residential treatment in a facility offering child care, job training and cognitive behavioral skills.

3. **The Availability of Medication Assisted Treatment**
   For many patients, especially those living in rural communities, the only solution is detoxification (medically supervised or abrupt) which may increase the risk of relapse and NAS.

**Benefits of MAT in pregnant women**
When administered appropriately, MAT has the following benefits:

- Eliminates or reduces craving for opioids
- Prevents onset of withdrawal symptoms
- Blocks effects of opioid drugs
- Improves physical and mental health of the mother-to-be and raises her quality of life
- Decreases the incidence of NAS or neonatal abstinence syndrome in babies

**The need for specialized treatment of pregnant women abusing drugs**
Avoiding abrupt withdrawal from drug usage is very important for pregnant women because it has been thought to lead to uterine contractions and even miscarriage. In infants exposed to illicit substances, NAS or neonatal abstinence syndrome is common. The majority of opioid dependent women have chaotic lifestyles, poor nutrition and limited or no antenatal attendance. Hence, health care must be provided to these women in a gentle, safe, non-threatening and non-judgmental manner. It is important to provide stable staff for their attendance. Care should be taken to develop a rapport between the patient and the health providers. Mothers should be given knowledge on how to be effective parents and help in order to decrease the risk of relapse in the postpartum period.

**What happens if the mother is not treated during pregnancy?**
A mother using drugs like heroin or other long acting opioids unknowingly transfers nearly 50-100% of her drug levels to the fetus based on results shown by blood tests conducted on infants. Neonatal drug usage could also lead to poor fetal growth, premature birth, or still births. The use of needles can also cause diseases like hepatitis, HIV or syphilis in the baby. The risk of the baby developing a major birth defect can increase by nearly 4-5% due to neonatal drug (Alcohol) use. Continued drug use can lead to unstable housing, limited income, domestic violence and crime.

**Neonatal abstinence syndrome**
NAS is a treatable disorder and 100% preventable if a woman does not use substances during pregnancy. Neonatal abstinence syndrome or NAS occurs in nearly 55-94% drug exposed infants and is seen in exposure to opioids, sedatives, polysubstance abuse and even exposure to alcohol. However, NAS symptoms are more common in infants exposed to opioids than other substances. It is defined as the abrupt cessation of drug exposure at birth. On average, NAS symptoms may occur within 3 days of birth.

Continued on page 44
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Many chemically dependent people are also suffering from coexisting personality and mental health disorders. These coexisting disorders are serious because if they are not properly treated they can lead to a relapse back into active addiction. The active addiction can then make the coexisting personality and mental health problems more severe. This makes it more difficult for the person to get back into recovery.

People suffering from addiction and coexisting disorders often have more serious problems that in an ideal world should require a longer period of treatment. Unfortunately, limitations in health care financing are forcing counselors and therapists to provide treatment to these complex patients in a shorter period of time at a lower level of care. As a result, most therapists have adopted brief, targeted, and strategic interventions for helping patients suffering from coexisting disorders.

- **Brief** means that a treatment episode must be completed in between twelve and twenty sessions.
- **Targeted** means that clinicians need to quickly identify both target disorders and the target treatment problem, that if resolved, will stabilize the target disorder.
- **Strategic** means that clinicians must develop concrete and specific interventions based upon cognitive and behavioral therapy principles for rapidly resolving the target problems and bringing the target disorder into stable remission.

To provide brief and strategic interventions, clinicians need to quickly get their clients focused upon recovery. To do this, it is helpful to use the term dual recovery instead of dual disorders. The term dual disorders focuses clients upon what is wrong and invites them to identify themselves by a particular diagnostic classification. The term dual recovery focuses clients upon what they can do proactively to recover from both addiction and related personality and mental health disorders.

**How Addiction Is Related To Coexisting Mental Health Problems**

The first step in treating dual recovery clients is to determine how the addiction and mental health problems are related and what special needs the client will have during the recovery process related to each disorder. The addiction may be primary, secondary, or coexisting.

**Primary addiction** is a cluster of problems related to the use and abuse of alcohol and other drugs that are not directly caused by or related to personality or mental disorders. Primary substance use disorders may cause or complicate other mental disorders, but the coexisting mental disorder will spontaneously remit when the chemical dependency is treated. An example of this would be a client who develops a serious depression as a consequence of the physiological changes in the brain caused by chronic alcohol abuse coupled with the serious losses suffered as their alcoholism progressed. As the person gets sober and rebuilds his life, the depression will often spontaneously remit without being directly treated.

**Secondary Addiction** is a cluster of problems related to the use and abuse of alcohol and other drugs that are directly caused by personality or mental disorders. The mental and personality disorders create pain and dysfunction. The person turns to alcohol or other drugs in an effort to medicate the pain and cope with the dysfunction. This usually doesn't work and the person begins abusing alcohol and other drugs but does not always become addicted to them. They are dependent upon the mood altering drugs to cope with the symptoms of their mental or personality disorder. As a result, the chemical dependency will spontaneously remit with the treatment of the mental disorder.

An example of this would be a schizophrenic who uses alcohol and drugs to try to manage his/her hallucinations. When he/she begins on antipsychotic medication, the hallucinations stop and the urge to use alcohol and drugs disappears. Another example would be a person with an antisocial personality disorder who uses alcohol and drugs to overcome internal deterrents and act out in destructive antisocial ways. As the personality disorder is treated and the person stops using antisocial behaviors, the need for alcohol and drugs to overcome internal deterrents diminishes and the alcohol abuse stops.

Even though the alcohol and drug abuse is secondary to the mental or personality disorder, most clinicians agree that all alcohol and drug use must be stopped in order for treatment to be effective. The person will be incapable of responding to treatment interventions as long as they are abusing alcohol or other drugs. They will be unable to maintain abstinence unless the primary mental and personality disorders are treated.

**Coexisting Disorders** are the most common in dual recovery clients. The term “coexisting disorder” means that both the addiction and the mental/personality disorders are independent and inter-related disorders. Both disorders require concurrent treatment because they are independent disorders. This means that treating one disorder will not cause spontaneous remission of the other disorder. An example of this would be the person who has suffered from depression most of their lives and then began drinking and developed alcoholism. When they attempt to get sober without treating the depression, they become so impaired that they become suicidal and often start using addictively to manage the depression. When they attempt to treat the depression with medication and cognitive therapy while still drinking, the out-of-control symptoms of alcoholic drinking prevents them from feeling or functioning better.

**Dual disorders** are best conceptualized as coexisting disorders that are interrelated and require simultaneous treatment. It is generally not helpful in early treatment to try to determine which disorder is primary and which is secondary. It is better to recognize the substance abuse and work directly to get the patient abstinent. Once abstinent, the patient’s physical, psychological and social symptoms can be profiled, an accurate diagnosis of the type of chemical use disorder and related personality and mental disorders can be established, and a treatment plan to stabilize the symptoms of both disorders simultaneously can be developed.

As a general rule, clients must stop using alcohol and other drugs of abuse before any form of treatment can be effective. Chemical dependence is present in between 40% and 60% of all mental health clients. It is therefore recommended that all mental health clients be screened for substance abuse and dependence. Once diagnosed, the first goal is to get the patient abstinent from the use...
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The mission of The Amy Winehouse Foundation, Inc. is supporting and empowering children and young adults in need through music therapy and education. The foundation works to prevent the effects of drug and alcohol misuse on young people as well as to support, inform and inspire vulnerable and disadvantaged young people and to help them reach their full potential.

The Foundation works to accomplish this mission by:

- Supporting music therapy and educational programs in universities, hospitals, schools, after school programs and other institutions and agencies who provide assistance specifically meeting the unmet needs in the psychological, mental and emotional well-being of children from disadvantaged families.
- Offering scholarship grants to deserving students from disadvantaged families for educational opportunities.
- Identifying specific programs that work to provide prevention programs and tools including rehabilitation for young people with addictive behaviors.

Historically, the Amy Winehouse Foundation, Inc. has supported the Brooklyn Conservatory of Music where it has given scholarships and the New Orleans Youth Orchestra with grants and scholarships to help kids fulfill their dreams and aspirations. Its strategic work is revolutionizing drug and alcohol education in schools, improving the life chances of vulnerable young people and ensuring those from all backgrounds and abilities the opportunities to get the very best from life.

Initially, a grant giving organization, the Amy Winehouse Foundation now works in partnership with a variety of other charities and institutions to work with young people. The work is funded using raised income from trusts, private companies and individuals.

The Foundation has a brand new project which is currently working with the Dreyfoos School of the Arts, and its own Foundation helping the disadvantaged kids of Palm Beach County through a grant giving scheme named (by the students) as Amy's Light. Funds for this project were initially raised at an intimate dinner hosted by Neiman Marcus of Boca Raton in their restaurant, where a jazz band from the school played and Mitch Winehouse sang along with one of the Dreyfoos students. The finale was a duet that brought the house down.

The Amy Winehouse Project is an Intensive Outpatient Program and therapeutic day care situated in Delray Beach opening at the end of September enabling people to recover from their addictions and will be working alongside the Foundation to utilize trained and accredited volunteers to use their own experiences of substance misuse and recovery to educate students, parents and teachers about the real reasons why young people may misuse substances and what can be done to prevent it.

Florida holds special memories for the Winehouse family. In 1974 Janis (Amy’s mum) who was born in Brooklyn, NY travelled to Miami and started working in a Pharmacy before moving onto the Baptist Hospital of South Miami. Amy and Janis spent time in Boca Raton with their family who are still residents of Palm Beach County. It could be said that one of Amy’s first impromptu gigs was held on the beach at Hillsboro with her cousins during an early summer vacation, where Amy sang and her cousin accompanied her on his guitar.

Why We Need You

The Amy Winehouse Foundation, Inc. helps young people to realize their full potential. If we are to continue to do that, we need your help. We would like to discuss ways in which you can become involved in helping us reach our ultimate goal - a better, fulfilling life for disadvantaged young people.

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“Who are you?” A question posed to a small group of five women suffering from Substance Use Disorder (SUD) and Trauma were met with totally blank stares. Not one of the women had even the faintest idea how to answer the question. When treating women suffering from SUD and Trauma, the foundation for creating a safe and secure environment in which to thrive begins with education. Intensive education for women on the definitions of self-esteem, boundaries and emotions through an intensive curriculum of individual and group based therapy on communicating those boundaries and exploring what it is to have self-esteem is vital. This is a powerful baseline to begin identifying long-term recovery goals, both as an active member of the recovery community and in a wider societal context as well. The correlation between the ability to effectively navigate emotions, implement boundaries, communicate these effectively, and maintain strong recovery while increasing self-esteem has proved to be incredibly high in the treatment of both Substance Use Disorders (SUD) and Trauma.

The importance of the correlation between the above components in program development has proved to be crucial in establishing a three phase approach for treating addiction and trauma for the long term; Educate, Motivate, and Activate.

The baseline of the recovery process begins by creating a safe environment to start educating women on several different levels. First, with an in depth education on the physical and mental effects of alcohol and drugs; and how this disease causes alcoholics and addicts to behave differently than others in regards to mood and mind altering substances. This allows women to recognize and accept what happens to them both physically and mentally as a disease concept rather than a moral malfunction. Secondly, it has been found that most women initially are only able to identify one emotion: Anger. It appears that most women have never been educated on the many different types of emotions, the actual definitions of these emotions, or what different emotions can feel like in different situations. Thirdly, women entering the recovery process generally express mindsets of extremely low self-esteem. Yet, most women are not taught the meaning of self-esteem, the difference between self-esteem and ego, or the actual process of building self-esteem outside of the treatment setting. Once armed with the information and facts about addiction, emotional awareness, and how to build self-esteem through writing, role-playing, and intense conflict resolution practice, women are greatly motivated to practice these tools outside of the clinical setting- if made to be accountable.

The importance of practicing these invaluable communication skills has been continuously stated by these women as part of the core set of tools used in the maintenance of their daily SUD recovery. The communication skills that women need to succeed, both within sobriety and in society, have shown to build up in three levels; personal, community, and society. On a personal level, or communicating with themselves, these women have learned to be aware of emotions they are feeling, how to process these emotions, and then react. The process of learning to set boundaries has also begun with personal communication. As women become more aware and in tune with their daily needs, both physical and emotional, they begin to learn to develop an inner voice that did not exist before, and most importantly, to own the right to express one emotion: Anger. It appears that most women have never been taught the meaning of self-esteem, the difference between self-esteem and ego, or the actual process of building self-esteem outside of the treatment setting. Once armed with the information and facts about addiction, emotional awareness, and how to build self-esteem through writing, role-playing, and intense conflict resolution practice, women are greatly motivated to practice these tools outside of the clinical setting- if made to be accountable.

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The self-identification and communication learning process has shown to increase emotional intelligence scores by a considerable amount, while actively engaged in all components of the recovery process. This has shown to produce happier, healthier and higher functioning women in recovery and in society in general. The need to create a space where learning and trust is held to the highest standard is essential, and this life changing learning process begins with the simple but powerful question, “Who Are You?”

Rebecca Apperson is the Program Director for Helping Hands Recovery Center in Fort Lauderdale, FL. She holds a Masters in International Relations and Diplomacy. Rebecca previously worked as a program case manager for Keystone Halls’ Department of Veterans Affairs Grant Per Diem Program and as a research assistant for the United Nations on the Global Education Sector Response to Substance Use Among Young People.
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By Thomas G. Kimball, Ph.D., LMFT

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Drugs reportedly found strapped under woman’s vehicle.
Vehicle search uncovers pot, coke, heroin, and meth.
Jail inmate dies of suspected overdose.
Inmate dies of dehydration in holding cell while detoxing from opioids.

What drives someone to use illegal substances, sell drugs and use them until they stop breathing? Someone would have to be out of their mind to face the reality of a ruined life, prison and sometimes death. And that’s the point.

The tragedy is that for the most part, society continues to treat the chronic brain disease of addiction, and its subsequent behavior, as criminal. Many see those who are dependent on drugs as people who have no moral principles, are reckless, lazy and lacking the willpower to stop using or to change their behavior. Individuals who use drugs or engage in the illegal behavior surrounding drug use are truly not in their right mind. It may appear that they are being bad and morally corrupt, but the reality is they are sick and their disease is manifesting in front of us. They have a chronic and problematic illness.

Compelling research conducted by smart, savvy researchers has helped us to understand that addiction is a disease of the brain. These scientists have identified both biological and environmental factors related to the disease in order to help understand it, prevent it and treat it. The conclusion of their findings is powerfully summarized by the National Institute on Drug Abuse:

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her. . . the brain changes that occur over time challenge an addicted person’s self-control and hamper his or her ability to resist intense impulses to take drugs (National Institute on Drug Abuse; Advancing Addiction Science).

Criminalizing drug use behavior rather than offering meaningful help is most often experienced by those who are marginalized in our society—the economically poor and racial minorities. A 2015 study examining the demographics of drug offenders held in federal prisons demonstrates very telling findings. Researchers reported that in 2012, 94,678 offenders in federal prison were serving sentences for drug offenses. Almost all of these inmates were incarcerated for trafficking with the predominant drug being cocaine. Thirty-five percent of these drug offenders had no, or minimal, criminal histories prior to being sentenced. Yet, despite having no prior criminal histories, the average length of sentence was 11 years. The researchers also reported that 76% of all federal prisoners incarcerated for trafficking were either Black or Hispanic.

The financial toll on our society to warehouse low level users and traffickers is staggering. Estimates of the annual cost of incarcerating a person is $31,000 (Federal Bureau of Prisons, 2015). That equates to a total cost of $32,285,198,000 spent over the next 11 years to incarcerate federal drug offenders and $32 billion spent on federal prisoners with drug offenses alone.

Several years ago, I met a young man in a small support group meeting. Initially I was impressed by his large stature and ready smile. He, as well as his peers, were new members of our collegiate recovery community at Texas Tech. I had the privilege to lead the discussion for these students in their first semester as they made the often difficult transition into higher education. As we sat together, I explained that I am not a person in recovery, but work with the community as a mental health professional, professor and support person. This is always a difficult disclosure, as I worry how my students will react to their “normi” professor—normi is a common term for someone who is not in addiction recovery. Sensing my apprehension, this large young man put his arm around me reassuringly and said, “That’s ok Dr. Tom, I’m junky enough for the both of us.” My relief at his acceptance of me and the subsequent laughter from everyone set the tone for our semester together.

Prior to his entering our community, this young man had spent three years in prison for using and trafficking offenses. Being locked up was not easy for him, although he tried to make the best of it. He did his best to find recovery. Over time, he took advantage of opportunities to complete his undergraduate degree, a master’s degree and ultimately a Ph.D. - he is far from “junky.” Today he is a model citizen, a powerful teacher, a mental health professional, a husband, a father and a great friend.

He is one of the fortunate ones who found a better life. Most people with his circumstances never get that opportunity, and a staggering 77% of drug offenders are arrested and incarcerated again (see National Institute of Justice). This 77% is evidence of a failed system that tends to warehouse individuals rather than help them rehabilitate and heal.

We need to open our eyes to a more effective way to address addiction and the behavioral side effects that accompany it. The 32 billion in tax dollars could be used to combat addiction rather than to lock up individuals struggling with a chronic illness. There are many potential model citizens, teachers, professionals, mothers/ fathers and friends wasting away in prison with little chance for hope and meaningful opportunity. Why not help sick people get better and give them the opportunity to live happy, fulfilled lives?

References available upon request

Dr. Kimball serves as the Director of the Center for Collegiate Recovery Community and holds the George C. Miller Family Regents Professorship at Texas Tech University. He is co-author of the book, Six Essentials to Achieve Lasting Recovery, Hazelden Press. He is also a consultant with MAP.
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Brad and Angelina. The Kardashians. Caitlyn Jenner. Kate Middelton. Donald Trump. We incessantly hear their voices and view their images, vicariously experienced through a relentless media onslaught.

Curiosity is the first step. It leads to a journey where interest, fascination and admiration become adulation, obsession and sycophantic worship. For some it becomes an addiction --- craving just one more hit. A recent Google search of the tag “Brad and Angelina” offered up 37, 100,000 hits. That curiosity represents something far beyond mere interest. It represents a state of being “star struck.”

That may not be a bad thing according to Eric Hollander, MD, director of the Compulsive, Impulsive and Anxiety Disorders program at Mt. Sinai School of Medicine. Hollander told Fox News, “Like most things there’s a dimensional approach here; there are some people who are fascinated by celebrities’ lives, but also involved in meaningful activities and relationships in their own lives, and for these people star watching is usually a harmless diversion.”

Celebrity watching can be an innocent fixation, a case of being besotted by those larger-than-life individuals we see on the living room screen or digital cinemas. Celebrity watching supplements our daily lives and existence. It does not replace healthy connection to others, our jobs or our responsibilities to family and significant others.

Celebrity watching can be a catalyst for change. Sometimes a celebrity’s positive message can stir us into action. The songs of Bob Dylan motivated a generation of youth to advocate for freedom and justice after listening to “Blowin’ in the Wind,” “Masters of War” and “The Times They Are A-Changin’” and John Lennon’s messages of “All You Need is Love,” “Give Peace a Chance” and “Happy Xmas (War is Over)” were equally inspirational. Recent celebrities have championed specific causes, most notably Bono (poverty and disease), George Clooney (humanitarian crisis in Darfur), Katie Couric (colon cancer), Michael J. Fox (stem-cell research), Lady Gaga (gay and lesbian rights), Bill and Melinda Gates (quality healthcare and education), Willie Nelson (family farmers) and Brooke Shields (postpartum depression). In this regard, a celebrity may inspire and influence us to join a movement and support a once unknown cause.

Inherent part of our culture

There have always been those who climb to the top levels of accomplishment, excelling beyond the norm. These individuals are somewhat more talented, beautiful or charismatic. They have made their way to the top of the headlines and have attained celebrity status. American socialite Paris Hilton was one of the first celebrities to be described as “famous for being famous,” and pop star Madonna was able to recognize the connection between celebrity status and success. Although many of us fantasize about it, not everyone rises to celebrity status. One has to be ready, willing and able and a healthy cut above the rest.

Celebrity adulation or worship is an inherent part of our culture. As there have always been celebrities, there have always been those following in their wake, amazed and fascinated by these over achievers. Predictably, the reasons for this phenomenon are the same today, as they were two thousand years ago when Jesus drew huge crowds walking the streets of Nazareth.

Curiosity is one of the driving forces behind our celebrity fascination, our need to breathe in the essence of the superstars, but there are other influences as well. “You have a confluence of forces coming together in technology and the media to make it happen and it’s worldwide and it’s multiplying like lice,” says Stuart Fischoff, PhD, professor emeritus of media psychology at the California State University.

“What’s in our DNA, as a social animal, is the interest in looking at alpha males and females; the ones who are important in the pack,” says Fischoff. We are sociologically preprogrammed to ‘follow the leader,’ he says, and notes we are biochemical sitting ducks for the Hollywood star system; even the stars themselves get caught up in the mystique. I know celebrities that are star struck by other celebrities -- even major politicians are more likely to sit up and take notice of an issue when a celebrity is doing the talking,” says Fischoff.

Toxic escapism

Celebrity watching has morphed into a lucrative industry. Many celebrities have prospered by writing books revealing their “celebrity secrets” that often include diets and exercise programs or launching cosmetic or clothing lines. Fans can purchase a materialistic symbol, bringing them even closer to the celebrity as they demonstrate loyalty through a financial commitment. Fans can even chat personally with the celebrity (confessing to them how many pairs of shoes or purses they have purchased) on television programs like QVC or the Home Shopping Network that successfully market the celebrity and their products.

Fans can visit the world of the celebrity through soap operas, reality shows and checkout counter magazines. Other avenues leading to the palace of the superstar include programs such as Entertainment Tonight and celebrity magazines US, People and In Style. In today’s
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HEALING THE UNDERLYING PROBLEM

“The priority of any addict is to anesthetize the pain of living to ease the passage of day with some purchased relief.”

~ Russell Brand

The addictive personality is someone who is continuously seeking and yearning to fill a void. The void is caused by an inner emptiness which may be linked to an array of life issues. While the causation of the issues may stem from some known or unknown psychological event; it is the avoidance of the void that many seek out a method for self-healing. Unfortunately, the self-healing may not always take an individual down a constructive pathway.

The addiction is a compulsive behavior that creates a sense of urgency within the mind of an individual. For a majority of addicts that I have encountered, the addictive prompting is less about the “high” and more about a search for inner peace, calmness and resolve. While “the initial decision to take drugs is voluntary for most people, repeated drug use can lead to brain changes that challenge an addicted person’s self-control and interfere with their ability to resist intense urges to take drugs.”

“No one factor can predict if a person will become addicted to drugs. A combination of factors influences risk for addiction. The more risk factors a person has, the greater the chance that taking drugs can lead to addiction.” The causation of an addiction may be linked to one or more of the following:

Role Models, Peer Influence and Peer Pressure
(family, friends, teachers, entertainers, athletes, coaches, religious, etc.)

The mind of a young person is impressionable. If the young person receives positive feedback or attention from a role model, then they are more apt to follow in the footsteps of the role model. “Scientists say the young, impressionable brains are vulnerable, dynamic and highly responsive to positive feedback.” Yet, the impressionability of these young minds is not an indication of “cluelessness,” aloofness, or that they are disinterested in their own personal welfare, rather, resent research has shown that young people do not require excessive admiration, rather it’s the affection received from those with whom they admire. Moreover, it’s the quality time allocated verses the quantity of time spent that proves a positive insulator. “Researchers say many teenagers are emulating celebrity idols... some scarcely out of their teens themselves, to cultivate an impression of maturity.” Young people want to be respected, considered an equal, and most of all, to be considered mature. As parents, the best approach to child rearing is to communicate frequently, to practice actively listening, and to employ an open dialogue of communication. We should always remember that all children are developing adults.

Psychological Conditions

While there is certainly a relationship between substance abuse and mental illness; having a mental illness does not guarantee that you will develop an addiction. “More than one in four adults living with serious mental health problems also has a substance use problem. Substance use problems occur more frequently with certain mental health problems, including: Depression, Anxiety Disorders, Schizophrenia, and Personality Disorders.” Moreover, an individual having an addiction will not necessarily develop a profound or significant psychological disorder.

The Excitement, The Chase, The Adventure

“I have absolutely no pleasure in the stimulants in which I sometimes so madly indulge. It has not been in the pursuit of pleasure that I have periled life and reputation and reason. It has been the desperate attempt to escape from torturing memories, from a sense of insupportable loneliness and a dread of some strange impending doom.”

~ Edgar Allan Poe

I have yet to meet an individual who purposefully became an addict. However, I have met and worked with countless numbers of individuals who enjoyed the initial euphoria. The euphoria has been described as an intense excitement and flood of happiness. “Most drugs affect the brain’s reward circuit by flooding it with the chemical messenger- dopamine. This overstimulation of the reward circuit causes the intensely pleasurable high that leads people to take a drug again and again.”

Chronic Pain and Prescriptions

Chronic pain is and has become a leading catalyst for prescription addictions. In fact, the addiction to prescriptions and other substances frequently occurs from one’s desire for pain relief whether psychological or physical. It is not uncommon for survivors of chronic pain to find substantial relief through highly addictive substances.

“As a society, we have become obsessed with the war on drugs and the fear of addiction to opioids (narcotic drugs containing opium or one of its derivatives). Pain patients who were functioning well on morphine-like drugs such as oxycodone (OxyConting) now are fearful of them. Or they just plain can’t get them. The basic problem is obvious. Some of the drugs that most effectively treat pain are the same ones that are commonly abused. In one survey of New York doctors, 30% said they were prescribing fewer opioids or were switching patients to less-effective pain medications for fear that the Drug Enforcement Administration might investigate them.”

As a society, we have declared a War on Drugs; we have had campaigns that encourage us to Just Say No; and we have imprisoned so many for illegal and legal drug use. Yet, we have barely made an impact on the war on drugs. The use of drugs has become an epidemic of the highest proportions. The United Nations Office on Drugs and Crime (UNODC) “estimated 24.7 million people in the world... consumed amphetamines.”

HEALING THE UNDERLYING PROBLEM

“Shame was an emotion he had abandoned years earlier. Addicts know no shame. You disgrace yourself so many times you become immune to it.”

~ John Grisham

As with a number of psychological disorders, there are often deeply rooted issues that may lead someone to choosing a life of substance abuse. While the addict may have found themselves enslaved to any number of substances; the addict will begin recovering the moment that they acknowledge their struggle with the addiction. While acknowledgement alone may not end the addiction, it is a core part of beginning the healing and recovery process.
GOLF AND ADDICTION RECOVERY?

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

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

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

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

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

Addiction Reach manages the practices of treatment providers that offer customized concierge addiction recovery services for individuals, couples, and families in all stages of recovery, including GOLF THERAPY. For a complimentary consultation call 561-427-1900 or visit www.addictionreach.com.

WHAT IS A LEVEL 4 TRANSITIONAL CARE HOUSE?

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

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

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

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

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

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

www.SunsetRecovery.org
As an undergraduate student at the University of Nevada, Reno, Daniel Fred began to turn to alcohol and other drugs to cope with the pressures of school and the loss of his roommate to suicide. Despite his 1.7 GPA, stints in jail, and his inability to connect with his peers, he didn’t see his drinking as a problem but he knew he was struggling. After his second year, Daniel was kicked out of the university and moved to Texas to try a new lifestyle.

In Texas, after two weeks of sobriety, Daniel’s grandparents arranged for him to meet with the program director of Texas Tech University’s Center for the Study of Addiction and Recovery. In order to be considered for admittance into the program, he was asked to commit to attending recovery support meetings for a semester.

Daniel walked into his first meeting imagining the cultural stigma of people in recovery. He was surprised by how “normal” the students looked that attended these meetings and found a welcoming, supportive environment, new friends, and a new and exciting life in sobriety. He was accepted into Texas Tech University’s Center for the Study of Addiction and Recovery program the following semester.

There is a growing movement for recovery support on college campuses. Students who participate in collegiate recovery programs (CRPs) have higher GPAs and higher graduation rates than the overall student population, not to mention lower rates of return to use compared to their fellow students in recovery who aren’t part of a collegiate recovery program.

CRPs like the Center for the Study of Addiction and Recovery at Texas Tech offer students in recovery a “home base” where they have access to the necessary resources to support their recovery while in school. They have the opportunity to connect with other sober students, attend fun activities, and 12-step or other recovery meetings. Some offer sober housing and each recovery community is unique to its campus culture.

In 1990, there were only a handful of collegiate recovery programs nationwide. By 2010, there were still less than 40, out of the 4,000+ four-year universities throughout the country. So, in 2013, the non-profit Transforming Youth Recovery (TYR) was formed with the goal of funding the creation of 100 new programs.

To date, TYR has provided over $1,000,000.00 in grant funds to universities in 46 of the 50 states. In addition to financial aid, TYR provides technical assistance and support to the staff and students that are building collegiate recovery programs through resource sharing and facilitating collaboration among their network. Because of this, collegiate recovery programs are underway at small, mid-sized, and large flagship institutions including the University of Michigan, UCLA, Oregon State University, the University of North Texas, George Washington University, and over 100 others.

As a result of these efforts, we are already seeing young people getting into recovery earlier, and we are helping their universities transform to provide the ongoing supportive communities students need to live new lives in recovery. We are creating environments that will support these students to graduate sober and achieve long, healthy, productive lives. The changes this current generation will experience as a result of our dedicated efforts will continue to impact a legacy of hope, breaking cycles of addiction for generations to come.

Daniel Fred says that in our addiction we adjust our dreams to fit our use. Living a lifestyle of recovery allowed his dreams to grow and get bigger and better. After graduating from Texas Tech, he returned to UNR as a graduate student and helped begin their collegiate recovery program, the Nevada’s Recovery and Prevention community (N-RAP), which is now considered one of the top five CRP’s in the nation. Daniel graduated, became a college professor, was awarded best faculty of the year 2015-16, and went on in 2016 to join the Transforming Youth Recovery team in his role as the Director of Recovery Programs and National Outreach.

Now that they are wrapping up their first collegiate recovery grant program, TYR is embarking on several new exciting initiatives to further support people of all ages impacted by addiction. These include a 13 year longitudinal study of an entire school district for all 64,000 Pre K-12 students, a collegiate grant program for community colleges, and a family and life skills initiative. Our interactive Community Asset Map (tyr.capacitype.com) allows recovery community organizations, recovery high schools, collegiate recovery programs and other recovery support services and treatment programs to upload their assets, so people can find the resources they need when navigating the recovery landscape.

Currently there are over 160 colleges in the U.S. that have recovery support programs on their campuses. For information on future grant opportunities please visit our website at www.transformingyouthrecovery.org.

Transforming Youth Recovery is a 501(c)3 nonprofit investing in the future of our youth and adolescents in bringing research, programs and awareness to the disease of addiction and transforming the pathway to new solutions for a lifetime of recovery. Our mission is to provide solutions for those impacted by the disease of addiction.
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“In order to have the things that Other People Don’t You have to be willing to do the things that Other People Won’t”

Motivational sayings, inspirational readings, books and motivational seminars…. We pay money to have others motivate us in business, sports and life…. We have people like Tony Robbins, Les Brown, Zig Ziglar, Eric Thomas, Norman Vincent Peale, Charles Shuler, Brian Tracy…. the people that get paid millions of dollars to travel the country to motivate us are endless. They say “You can achieve your dreams,” “You can accomplish the impossible and live beyond your potential,” and “The Power is within”. The books that are sold, the CDs and videos that are marketed and the training programs that we buy to actually take us to another level are all around us. Self-help is a billion-dollar business but we don’t consider self-help as a staple for the treatment of addiction.

In business, companies pay incredible amounts of money to motivate their employees at conferences. In sports, coaches pay motivational speakers to rally their players to work harder, to become greater than they believe they can be. Schools often hire presenters to motivate students, to get them to look within at their self-worth, their courage and their ability to achieve their goals. Throughout the country, there are plenty of examples of resources and motivational materials that are designed to show us that greatness lies within us, and that if we are willing to go the extra mile, to dig deeper, to reach deep within ourselves to push ourselves, we can achieve what we thought was impossible. Its self-help mixed with self-motivation… but for some reason, throughout the entire addiction treatment field, I see very little of it.

In this American Epidemic, there’s so much measurement on death and the focus is on the problems. Newspaper headlines and lead stories tell about how many overdoses we’re experiencing or how bad one town is getting hit. Stories about fentanyl, heroin and other adulterated substances abound. New synthetic drugs with given names like Flakka , Bath Salts or Moon Rocks continue to grow. Each year is more deadly than the last. It’s the doomsday of drugs. It’s horrible and it’s getting worse. It’s that messenger of misery that we begin to listen to. But, should we focus so much on the problem in order to solve it?

The National approach to this epidemic is one of triage obviously. We do some things in crisis that we wouldn’t normally do if we had time for preparedness. That’s one thing this country didn’t have in this public social health crisis – time or planning to prepare for this. Many people predicted this, though few listened. It was slow developing and since 1995, the 20-year epidemic journey has shifted our focus. I fear we are losing our focus on the solutions. My fear is that the pendulum has swung so far in the opposite direction that we’re losing sight of the value of motivation and optimism, self-determination and commitment of life. I know that this is controversial and there will be some people that will adamantly disagree with me, but I don’t believe we are doing what’s best for those that are in the grips of addiction, or their families for that matter.

Much of the discussion, the remedy, the approach for people to deal with addiction is to look at it through an illness lens. We want to treat addiction as an illness, a brain disease that has somehow altered the very nature of how our brain works. We tell people that addiction is a disease, and that it’s a disease from which there is no known cure. There are fellowships that embrace self-professing oneself as an addict or an alcoholic for the rest of our lives. There are people who believe that we must place people on medications, maybe even forever! Some people point to this as a medical condition that needs to be treated as such, but I don’t know any other medical condition that we treat this way – it can only be managed and kept at bay – for life? There’s nothing we can do about it? Why isn’t there a cure? Why isn’t abstinence it? Why must we look at it as a life-long, debilitating defect and never move beyond it to live our life to the fullest? Why are we in recovery, and not recovered?

Reflecting back to the world of motivation and the concept of finding your power within yourself to achieve your goals, I think about addiction. In so much of life- our careers, sports, gym, and most importantly- believing in yourself and believing that you can accomplish great things - again, I think about addiction. Why wouldn’t we work to build more self-confidence in those that are seeking recovery? Over the past few years, I have heard many people from Mike Tyson to a counselor in a treatment center group say that, ”Relapse is part of recovery”. Why wouldn’t we encourage those in recovery to refuse to relapse? Why do we so openly accept failure as inevitable, especially when failure almost certainly means death?

If the power to overcome addiction doesn’t lie within us, but in something outside of us, can we truly recover? No one else can recover for us. We must recover ourselves- right? It’s not something that many in recovery agree upon, and I accept that. But I can’t look at addiction as something that is so unique from any and every other aspect of my life. I need to take a unique approach, especially when I see the approach that’s were using is failing so many people so miserably. If looking within at my inner strength will work for me in the gym, my career, my educational quests, and in all the other aspects of my life where I must be the driving force for success, then it will work in my quest to recover from my addiction. I just wish we would give more credence to such a powerful force – ourselves!

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

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Mothers are not supposed to bury their children. It goes against nature. When a mother loses her young, the world slips off its axis and spins out of control. The universe mourns knowing it has gone against the circle of life; children should bury their mothers, not the other way around.

Yet everyday another mother joins my club, the club of the broken-hearted, the club every mother prays to avoid. This is the club where one day you were whole and the next day broken beyond repair. Breath and joy have been sucked out of your body and replaced with a pain so powerful your soul is lost in the grief. Your world is shattered beyond repair. Your child is gone, a victim of a horrible disease. It is a misunderstood, mistreated disease that marked them as unworthy and disposable - the disease of addiction.

Your grief is never ending. It begins each day as you wake and follows you like a lost puppy throughout your day. It crawls into bed with you at night and wraps its arms around your heart. Brief sleep is your only respite. Dreams of your child may come and comfort your heart but when you wake the nightmare of your life begins anew. They are your last thought before closing your eyes at night and the first thought as you awaken. Your child is gone and you remain unable to be comforted.

Your days are now counted out in weeks and months. Last words, hugs and I love you’s are forever burned into your brain. Little things, reminders of your child can take your breath away without warning. A trip to the grocery store can throw you into a taislip and leave you struggling to breathe, a bag of chips, a can of Beefaroni, a smell. You find even the smallest things difficult as your mind remains in shock. Your brain refuses to believe that your child is really gone, knowing that reality will take you to a place of no return. It tricks you into believing they are just away and that things will return to normal when they return home from the beach or treatment. Your body hurts and physical pain becomes a part of daily living. There are days you feel like you are slowly losing your mind. Your days are spent questioning every decision and the what if’s can spin out of control. The universe mourns knowing it has gone against the circle of life; children should bury their mothers, not the other way around.

Your anger becomes your strength. Your loss becomes your passion. You ask for forgiveness from the heavens. Your pain pushes you toward a path that becomes your new purpose. Your journey is to honor your child and to fight against the demons more powerful than a mother’s love. Their fight is over, yours has just begun. You are the mother of an addict. You will not be silenced. ♥

MaryBeth Cichocki is a registered nurse living in the state of Delaware. She lost her youngest son, Matt, to an overdose of prescription drugs. After his death she was unable to return to her world of taking care of critically ill babies in the N.C.U. and now devotes her time to raising awareness and educating the community on the addictive nature of prescription drugs. In May of 2016, MaryBeth became co-director of Kim’s Place a recovery home for women in Delaware.
FAMILY SUPPORT

One of the most difficult challenges in life is trying 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.

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The Long Island Council on Alcoholism and Drug Dependence
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P.I.C.K Awareness
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Roots to Addiction
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TAP- The Addicts Parents United
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It is Health Net, however, which has taken the lead in trying to destroy effective substance abuse treatment. From January 2014, when Health Net began offering individual PPO policies through Covered California, until February 2016 Health Net was haled by the addiction treatment industry for offering long-term substance abuse benefits that actually made a difference. It was surprising as Health Net had a history of being a bad player. In 2007, a New Jersey federal judge fined Health Net for obstructing justice in a case related to Health Net’s use of Ingenix. In 2008, Judge Faith S. Hochberg agreed to accept a settlement that required Health Net to pay a quarter of a billion dollars to the insured they had cheated.

Last fall, in order to merge with the St. Louis Missouri Medicaid company Centene, Health Net defied Judge Hochberg’s decision. Declaring wide spread fraud on January 8, 2016 Health Net launched a dragnet audit of all out of network treatment facilities in five states. Most facilities were not paid for 4th quarter 2015 claims, and 1st and 2nd quarter 2016 claims until July 2016. Health Net, which had previously paid 75% of billed, began by trying to pay Medicaid rates of less than $200/day or inpatient and less than $100/day for outpatient. After protests, Health Net settled on 190% of Medicare although at least 30 months of benefit checks have stated repeatedly that there was no linkage to Medicare fee schedules. Several Appellate California court decisions confirm that providers have a right to depend on information provided in a telephonic benefit check. Health Net also violated several requirements of parity, issuing thousands of cut and pasted denials for lack of medical coverage robosigned by Dr. Matthew Wong, a Health Net Medical Director whose addiction credentials Health Net has refused to provide.

The California Department of Insurance launched an investigation in April 2016 into the illegality of Health Net’s actions, but had not made a determination by early August causing treatment facilities struggling to survive financially to sue Health Net in large multi-plaintiff actions. A similar action was filed by Arizona facilities in late July.

Dopamine Homeostasis “Aftercare” – A Long Term Goal to Prevent Relapse and Enhance Recovery Quality

We use “aftercare” to refer to any form of program or therapy following primary treatment including 12-Step programs. Unfortunately, very few programs actually provide any evidenced-based treatment approaches during this most vulnerable period in recovery. While there is evidence for the approved FDA drugs to treat drug addiction (e.g. alcohol, opiates, nicotine) these drugs favor a short-term benefit by blocking dopamine. We argue instead for the utilization of long-term benefits that induce “dopamine homeostasis”, or in simpler terms “normalcy.” We suggest that this could be accomplished through a number of holistic modalities including, but not limited to, dopamine-boosting diets, hyper-oxygenation, heavy metal detoxification, exercise, mindfulness, meditation, yoga, brain spotting, cognitive behavioral therapy, trauma therapy, and most importantly, brain neurotransmitter balancing with nutraceuticals such as KB220 variants. We embrace 12-step programs and fellowships but not as a stand-alone modality, especially during aftercare. It is imperative that clinical professionals begin to understand resting state functional connectivity (rsfMRI) as being one important cornerstone in terms of how to treat RDS.

Insurance companies should begin to realize that like cancer, intensive care, treatment and most importantly prevention tactics are beneficial in the long-term for reducing relapse and as such, could actually lower their cost. Drugs, food, smoking, gambling, compulsive sexual behavior and even major depressive disorder (MDD) have been shown in many studies to reduce resting state functional connectivity [rsfMRI]. Understanding this we postulate any modalities that can restore this impaired cross talk between various brain regions (e.g. nucleus accumbens, cingulate gyrus, hippocampus etc.) should be incorporated into the aftercare plan in all treatment programs in America.

While this is a laudable goal anything less will ultimately lead to the so called “revolving door” for as many as 90% of treatment participants. “Love needs care” and it must start with the gate keepers of treatment- the insurance companies. Finally, our unique challenge is to re-educate the top decision makers in the insurance world. Instead of threats related to possible criminal action- provide a new guidance that reflects the real facts. The insurance companies should understand the etiological factors linked to Reward Deficiency Syndrome as a biological based disorder/disease and if genetic it should be on the same level as Diabetes, which could be life-long not just 7 days of detoxification.

The smart insurance executives will heed these remarks and adopt a new approach embracing Parity laws and understanding a plausible preventive tactic reducing long-term costs and instead of being chastised become a hero!

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

In 2007 Joan co-founded Malibu Beach Recovery Center which became famous for its neuroscience based alcohol and drug treatment program. While serving as CEO, she used the skills learned as a journalist to advocate for the addiction community in Sacramento and Washington, D.C. After selling Malibu Beach Recovery Center she continued her advocacy efforts and recently, in response to efforts by insurance companies to damage California’s addiction treatment industry, she co-founded the Addiction Treatment Advocacy Coalition (ATAC). ATAC provides political and legal advocacy, education and consumer protection in the field of addiction treatment.
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is Junk Science. The rented white coats are at the mercy of their paymaster, PhRMA. Research results are skewed in favor of the sponsor and the public never gets to see the failed test results. The research agenda at our universities is no longer determined by our public health needs; but rather by market forces. Cures are not profitable, but pharmaceutical band aids are and that is where the tax-payers research money is going.

Addiction research has its own set of problems. In her article ‘The Maddening State of Addiction Research Funding’ (06/05/14) Kathleen Phalen Tomaselli reported that Keith Humphreys PhD, professor of psychiatry at Stanford University had this to say. “Funding is in a bad situation. The NIH (National Institute of Health) generally funds about 90% of all the world’s addiction research. And the NIH is straining under the fiscal environment. It’s particularly tough for younger investigators when there is a decrease in available funds.”

I’m not a politician but I do live in the consequences of their decisions. The direction they are leading us to is untenable. The only winner on this road is PhRMA and that is at the expense of all of us, addicts or not. The only solace I can find in this menagerie of misguided policy and questionable profiteering is in our youth. Young medical students recognize the situation for what it is. They’re taking action by forming groups like ‘White Coats for Recovery’ and taking action – ‘PhRMA Fools Day’ – by drawing attention to the lies promoted by Big PhRMA. Dr. Joji Suzuki, a Harvard psychiatrist said the current generation of med students shows much more interest in learning about addiction than did their predecessors who are now setting the curriculum. I wholly support these groups of college med. students and I hope you do to because it is through their voices the truth will be heard and that can only help end America’s Second Opiate/Opioid Epidemic.

John Giordano DHL, MAC is co-host of “Addiction Untreated” with Michael Lohan airing Sundays at 12 noon EDT on WZZR 94.3FM Boca and iHeart Radio nationally, 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). For the latest development in cutting-edge treatment check out his website: www.holisticaddictioninfo.com

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**SUBSTANCE USE DISORDER IN PREGNANCY**

By Debra Anne Jones MD, FACOG, MBA

*Continued from page 16*

The symptoms are:

- High pitched cry
- Tremors
- Irritability
- Frequent yawning
- Sneezing
- Seizures
- Vomiting
- Diarrhea
- Dehydration
- Poor weight gain
- Poor feeding
- Uncoordinated sucking
- Nasal stuffiness
- Fever
- Elevated blood pressure
- Temperature fluctuations

The goal of treatment during pregnancy is to decrease or eliminate neonatal withdrawal syndrome and prevent relapse during pregnancy in the post-partum period. Mothers should be counseled on the benefits of maintenance therapy with methadone or buprenorphine. Informed consent should be obtained for the use of buprenorphine if utilized. If medical assistance therapy is declined, the importance of continued intensive behavioral therapy should be stressed. Close monitoring of the pregnancy and support in the postpartum period with a multidisciplinary team of behavioral practitioners, obstetrician and addiction specialists is essential for success.

Debra Anne Jones MD, FACOG, MBA is Board Certified in Maternal Fetal Medicine and Obstetrics and Gynecology. She holds a Masters in Business Administration in Health Sector Management and Policy from the University of Miami. Dr. Jones has over 25 years of experience working in and managing medical practices. For twenty of these years she has provided medical care to the women of Palm Beach County. Dr. Jones is the Founder and CEO of Mango Bay Retreat, a Premier Addiction Facility for Women Specializing in Pregnant Women.

References Provided Upon Request

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**DUAL RECOVERY ADDICTION AND RELATED PERSONALITY/MENTAL HEALTH PROBLEMS**

By Terence T. Gorski

*Continued from page 18*

Clients with severe mental and personality disorders cannot recover from chemical dependency until they achieve a stable mental status. If someone is suicidal, depressed, psychotic, or experiencing such severe mood swings that they cannot function, treatment interventions for chemical dependency are condemned to fail. The severe debilitating symptoms are interfering with rational thought, emotional management, and behavioral self-control. In some cases, the stabilization of the mental and personality disorders may require the use of appropriately prescribed psychoactive medication. In chemically dependent clients however, the use of such medication should be done cautiously to avoid psychoactive medication. In chemically dependent clients however, the use of such medication should be done cautiously to avoid creating an unnecessary dependency or setting the stage for prescription drug abuse addiction.

As can be seen, the dual disorder client suffering from both chemical dependency and related mental and personality disorders will need to be simultaneously detoxified and psychiatrically stabilized.

Effective clinical systems integrate a biopsychosocial model for diagnosis, a developmental model of recovery for treatment planning, and a relapse prevention therapy for identifying and managing the problems that lead to relapse.

Terence T. Gorski is the Founder and President of The CENAPS Corporation. He is an internationally recognized expert on substance abuse, mental health, violence, and crime. He is best known for his contributions to relapse prevention, managing chemically dependent offenders and developing community-based teams for managing the problems of alcohol, drugs, violence, and crime. He is a prolific author and has published numerous books and articles. www.terrygoski.com, www.relapse.org
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- FMHCA Annual Conference- February 2-4, 2017- Lake Mary, FL
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While the catalyst for someone becoming an addict may have varied; the underlying problem may be key to healing and recovery. Whether an individual endured a life of abuse, grief and loss, abandonment, psychological or physical challenges, the key to healing must begin by repairing, rectifying and acknowledging the challenges in his or her life. Furthermore, the key to healing the underlying problem is by acknowledging your role and your personal responsibility.

For children of abuse, they are not responsible for the abuse. The abused should not accept responsibility for being abused nor excuse the abusers egregious behaviors. Moreover, the addict needs to recognize that there may be circumstances with which they had no control over their personal victimhood. However, they also need to recognize that they chose to begin using a substance to deal with past harms.

Survivors of trauma are similar to victims of abuse; while they may not have physical scars related to their traumatic experience; they are continuously carrying the psychological scars. “While experiencing a trauma doesn’t guarantee that a person will develop an addiction, research clearly suggests that trauma is a major underlying source of addiction behavior.” Furthermore, research suggests that upward of “…75 percent of people who survive abuse and/or violent trauma develop issues related to alcohol abuse.”

 Sadly, whether someone is a victim of abuse, a traumatic experience, or some other severe psychological experience- not all perpetrators will be held accountable. The addict may need to accept that the perpetrator may never be held accountable for his or her actions. Nevertheless, for the recovery process, it is less about holding the perpetrator accountable and more about setting the victim free. For many addicts, the addiction becomes a security blanket, reassuring the addict that they have an escape from their past.

The healing process will begin the moment that the addict acknowledges his or her role in the addictive habit. The healing process will be a challenging experience, but the addict will find fulfillment in overcoming his or her addiction.

May you begin living beyond.

Author: Dr. Asa Don Brown, Ph.D., C.C.C., N.C.C.M. and Jeanie Simeone, B.S., A.A. (former Chemical Dependency Professional, CDP)
Website: www.asadonbrown.com
References Provided Upon Request

CELEBRITY WORSHIP AND OUR QUEST FOR HAPPINESS
By Maxim W. Furek, MA, CADC, ICADC

Internet age of rapid-fire technology and communications, we have the ability to follow our celebrities 24-hours-a-day.

But fans should proceed with caution. This in itself can become an obsessive pathway leading to addiction. For some, celebrity worship takes a turn into the waters of the unknown, resulting in a toxic escapism where we divert the mind from reality replacing it with imagination and entertainment.

Celebrity worship becomes a dangerous form of escapism after we place the celebrity above ourselves. This becomes problematic when Brad and Angelina become the center of our lives, resulting in the minimization or destruction of the self. Part of this dark journey is because we do not like ourselves. We deduce we are not as attractive, or popular as the celebrity. There is a need to mute and disavow what we perceive as our wretched existence. Depression, anxiety, and a decrease in self-esteem are some of the documented problems that result when we focus our energy on the celebrity and outside of ourselves.

Celebrity worship breeds alienation. It disconnects us from important support systems, the most important of human needs. It detaches us from the surrounding reality, replaced by an illusionary world of celebrity fantasy that we desperately covet but never attain.

Celebrity worship is a false promise. It preys upon the weak and vulnerable. Realize that the keys to the kingdom are broken and rusted. The doors are locked. They will never be opened. The truth lies, not at the corner of Hollywood and Vine, but in the center of your heart and soul. You are the celebrity that you have been seeking. You are your own personal superstar.

Maxim W. Furek, MA, CADC, ICADC is passionately researching the essence of happiness. His rich background includes aspects of psychology, addictions, mental health and music journalism. His book Sheppton: The Myth, Miracle & Music explores the miraculous and supernatural elements experienced by two entombed Pennsylvania miners. Learn more at shepptonmyth.com
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