

California Together

APRIL IS ALCOHOL AWARENESS MONTH

INSIDE THIS EDITION

STRAIGHT TALK from THE DOC

BEING PRESENT with REV. LEO BOOTH

WAS EINSTEIN RIGHT? with LISA OVERTON

EVENTS CALENDAR /RESOURCES for RECOVERY

PROMISES TREATMENT CENTERS LAUNCHES
EXPANDED NEUROFEEDBACK PROGRAM

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Sober Living Network Back Where We Started— Sort of

By DEBORAH SMITH PARKER

In the beginning there was no recovery process for addiction except the occasional miracle. It stayed that way for thousands of years until 1935 when... well, if you're reading this publication you know what happened. This new roadmap to recovery wasn't established by anyone in religion, medicine or psychology although God knows they tried. Drunks helping other drunks set up this successful model that up to that point had eluded the most well-intentioned hearts and brightest and most accomplished minds.

Over the years a few treatment programs began opening their doors. In 1970 federal funding started, thanks to Sen. Harold Hughes, and treatment options exploded across the country providing public funding for treatment for those who couldn't afford it, followed by insurance coverage for those who could.

But things change. In the late 70's and early 80's communities started pushing back at having so many recovery facilities in their neighborhoods and it became harder and harder to site treatment programs. Then managed care spread like a cancer, draining the life out of treatment by reducing insurance coverage or eliminating it altogether, shortening length of stays and forcing people into outpatient. The hospital treatment network was decimated. For the last 10-15 years pretty much the only place you can get long term intensive treatment is in a non-medical residential program. As far as adolescent treatment—well, forget that! About the only place an adolescent alcoholic or addict can now get treatment is under a primary psychiatric diagnosis.

Now economic problems have caused the life line of public funding for these programs to be drastically cut. Make no mistake. These cuts are having a devastating effect on the availability of treatment, so fewer and fewer people have access care.

We don't think often about it this way, but from the beginning sober housing was an essential part of recovery. That's all there was—AA and drunks living together, supporting each other. Bill's home and many other's homes served that purpose. After all, it's great to go to a meeting and see all those sober faces reflected back at you, but what happens when that meeting is over? What happens late at night when you're terrified you're going to be struck drunk, or that your life will never get better? If you live with others in recovery you can take your shaky hands into the kitchen to steady them with a cup of coffee and honest talk with people who understand what you're going through and can either tell you or listen to the same truth you are having to face.

Today we still have AA and all the other 12 step programs it has spawned. And we have sober housing which continues to grow. As Ken Schonlau used to say, each night in Southern California over 6,000 people in recovery go to sleep in a clean, sober, and safe setting. AA and sober housing aren't dependent on insurance or public funding or even community donations. They started

continued on page 2



Relapse Dreams A Hidden Message?

By CHARLES GILLISPIE, MFA, LISAC

Jean, a patient in treatment for substance abuse, came to my group disturbed about the following "using" dream she had the night before: I dreamed I was in the cafeteria teaching other patients here how to chop lines of cocaine and snort them. Though she laughed at the dream because of its ridiculous plot, Jean also wondered what it might mean, if anything, about her recovery.

The purpose of this article is to briefly outline some of the clinical research that's been conducted about the occurrence, meaning and value of drug-using dreams. It is my intention to demonstrate that drug-using dreams can be useful in counseling when clients and clinicians are informed about the possible function this type of dream serves.

One study, a classic in the field of substance abuse treatment, demonstrates that alcoholics who dream about drinking during the course of treatment tend to achieve longer periods of sobriety (Choi, 1973). This finding suggests that clients like Jean who dream about the substances they are attempting to abstain from may be more engaged in the treatment process than those patients who don't report drug-using dreams. In other words, these clients take their struggle with substance abuse seriously enough to dream about it at night. As Freud observed, only matters of greatest importance are permitted to disturb our sleep. In this regard, Jean's drug using dream may be understood as a positive sign, dreamed by a person who is seriously concerned about the consequences of relapse.

A more recent study of crack cocaine addicts who dream about drug use demonstrates that the content of using dreams is also important in predicting treatment outcomes (Reid, S. and Simeon, D., 2001). Over a ninety-day period, clients who report their dreams changing from using cocaine to actively refusing cocaine tend to achieve longer periods of abstinence. This finding suggests that readiness for change is reflected in dream content and that dream-life can provide clients with an opportunity to rehearse change. These dreams provide clients with an exposure to cravings, interactions with "using friends" and typical scenarios they will be confronted

with in waking life after leaving treatment. In these cases, the importance is not placed on the individual dream but the manner in which dream content shifts over time. If clients like Jean continue to dream about using substances, they should be encouraged to record their dreams and note any shift in content. This process may instruct clients and counselors about significant triggers that need to be addressed, while challenging clients to examine their readiness to change.

One particularly useful study of drug-using dreams demonstrates that a client's personal response to the dream is more important than dream content when it comes to predicting a positive treatment outcome (Brown, 1985). The study finds that clients who dream about using substances fall into two main categories: one group experiences frustration that their dream isn't real and the second group experiences relief that their dream isn't real. The first group is described as having relapse-pending dreams. This group longs to re-experience intoxication and feels triggered toward substance use. The second group is described as having recovery-affirming dreams. This group wakes up disturbed by their dreams and feels repulsed from actual substance use. Clients like Jean clearly belong to this second group and often need help perceiving their using dreams as a recovery-affirming process. They may find it helpful to inventory their motivations for recovery and review their action plan. The using dream can be harnessed as a "wake up call" challenging clients like Jean to re-examine their assumptions about recovery.

Clients with relapse-pending dreams will also need help in regard to receiving a relevant message from the reactions they have to their using dreams. Counselors can direct these clients back to interventions that address the contemplation stage of change. These clients may benefit from a review of the costs and consequences of their substance use.

The relapse-pending dream may bring to light their impoverished view of sobriety. Counselors can challenge these impoverished views and direct clients toward new behaviors that excite and stimulate recovery values.

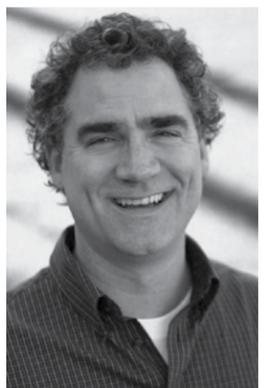
Finally, counselors who are interested in helping clients determine the meaning and value of using dreams will need to account for the stage of recovery each client is in. Research demonstrates that using dreams differ in function as clients move from early recovery to late recovery (Flowers, L and Zweben, J., 1998). As a general rule, clients in early recovery can expect using dreams to relate literally to their substance abuse problem. Counselors can direct clients to discuss and react to the using dream as if it related specifically to the addictive process.

"The using dream can be harnessed as a "wake up call" challenging clients to re-examine their assumptions about recovery."

However, clients in late recovery can expect the using dream to function differently, no longer necessarily relating to actual substance use. The using dream begins to act as an unconscious altering system for clients in the late stage of recovery. These dreams can be viewed as serious warnings that alert the dreamer to major life stressors, difficult emotional experiences, or life transitions independent of substance abuse. Counselors can direct these clients to examine life events that may have triggered a using dream, and help them apply principles of growth comparable to early recovery. In addition to referencing relapse as a metaphor, using dreams in the late stage of recovery can also reference the attitudes and behaviors that made significant change possible in the early stage of recovery. In this regard, the using dream is a call back to the basic principles of recovery, though it's understood the current need is to apply these principles to problems other than substance use.

References: Brown, S. (1985). *Treating the alcoholic*. John Wiley and Sons: New York, New York. Choi, S. (1973). "Dreams as a prognostic factor in alcoholism." *American Journal of Psychiatry*, 130: 699-702. Flowers, L and Zweben, J. (1998). *The changing role of 'using' dreams in addiction recovery.* *Journal of Substance Abuse Treatment*, Vol 15 (3). Reid, S. and Simeon, D. (2001). "Progression of Dreams of crack cocaine abusers as a predictor of treatment outcome." *Journal of Mental and Nervous Diseases*, Vol. 198 (12).

Charles Gillispie, MFA, LISAC has published a number of articles describing his use of creative writing as an adjunct to cognitive-behavioral therapy. His publications include *Addiction Professional*, *Journal of Poetry Therapy*, and *Therapeutic Recreation Journal*. Charles is a counselor at Cotton-



wood Tucson, a co-occurring disorders treatment facility for adults and adolescent girls. Cottonwood Tucson offers a unique treatment approach to recovery, putting health and wellness as the central component of healing from addiction and behavioral health disorders. For more information about Cottonwood Tucson and the programs they offer, visit www.cottonwoodtucson.com or call toll free 1-800-877-4520.

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continued from page 1

out self-supporting and continue to be so today and they have not only endured, they have thrived.

It's tempting to say we're right back where we started in 1935, except we're not—because today sober people number in the millions, not just the hundreds of 75 years ago.



Deborah Parker is Project Director for the Solutions for Treatment Expansion Project (STEP) for Futures Associates, Inc. She has worked closely with the Southern California Sober Living Network and other providers of group homes to help them combat zoning and land use barriers created by their local governments. She can be reached at dparker@futuresassociates.org.

Was Einstein right?



By LISA E. OVERTON

A well-dressed woman came into the kitchen at my home group AA meeting the other night. My fellow sober alcoholics and I were cutting the birthday cake while the meeting was taking place. The woman was looking for GA. Those of us in the kitchen offered her a place at our meeting. She replied, "I can't go in there! I'm a gambler, not an alcoholic!"

There are many people who believe as that woman does. I heard Clancy I. call it "Identification." No one should distort the AA message. You can't let addicts sully the good name of alcoholics. Many alcoholic secretaries state at the beginning of a meeting "Please confine your discussion to your problems with alcohol." There is one AA meeting I've attended that tells people, "If you're not an alcoholic, Please Leave Now." The message separates instead of unifying.

This concept has led to the proliferation of all sorts of Anonymous groups; Narcotics, Cocaine, Sex, Emotions, Marijuana, Nicotine, Overeaters, Debtors, Crystal Meth, Pills, Codependents, Workaholics and Clutterers all have their own meetings. Similarly, Children (young and adult) & Friends of many of the anonymous groups gather together.

Newcomers to recovery often have trouble finding a place to belong. This is probably why it is recommended to try 90 meetings in 90 days. It will take that long just to try out all the different anonymous groups!

Albert Einstein spent the last two decades of his life looking for a Unified Field Theory. He believed that electromagnetism and the properties of physics like gravity can all be described with a single, elegant set of laws. Some modern scientists have come up with a "Theory of Everything," and "String Theory" in their endeavors to explain everything universally. It is fascinating to note that the smallest bits of matter look and behave similarly to the vastness of space; particles in orbit around a nucleus as a planet around a sun.

What if there is a "Theory of Everything" for addiction?

Instead of being "dual-diagnosed" or "co-occurring;" substance-dependent or fully addicted; what if we could say that everyone suffers from the same malady: the lack of love? Maybe some people were not shown enough love in their formative years, or the love was so conditional or inconsistent that it made them neurotic or psychotic or whatever term is in vogue nowadays.

Let's say this condition of Unloved-ness happens on a continuum. Of course, different individuals will manifest symptoms that vary widely. Perhaps this happens because of

"Newcomers to recovery often have trouble finding a place to belong. This is probably why it is recommended to try 90 meetings in 90 days."

environmental or genetic influences. Maybe, as others have suggested, there is one Source, and an infinite number of degrees of separation from that Source. Being close to the source is complete health: spiritual, emotional and physical. Just as we could both have a cold but manifest different symptoms: I get a scratchy throat and you get sniffles and a runny nose; maybe all suffering is contingent upon how close we are to the Center of Love in our universe.

We often treat the symptoms of addiction but not the cause. We can help the addict get detoxified, then show them how to clean up their life, their health, their social problems, find a job or change careers, get their children and their self-respect back, but have we treated the underlying cause?

The Big Book of AA attributes alcoholism to a "spiritual malady," and promises that "When the spiritual malady is overcome, we straighten out mentally and physically." That is the reason that so many treatment centers send their clients to 12-Step Meetings. They say it is so that people can find a recovery network, "people who are not using who have found a new way of life," but the real reason is so that the clients can develop a Higher Power.

Of course "Finding God" is not on any Treatment Plan. If we had a "Theory of Everything" for addiction, we would list "Separate from Source" as the Problem. Then we could write "Get Back to God" as the cure. We would then tailor each person's treatment to improve their levels of functioning in the areas of their medical health, social adaptation and spiritual condition.

I know there are some of you reading this who disagree or will find flaws in my reasoning. I value your opinions and welcome your input. *California Together* newspaper strives to be open-minded when it comes to treatment. No one should have to suffer because they don't have access to treatment, or their treatment is inadequate.

Lisa Overton is a monthly contributor to California Together. She is a Board Member of A New PATH (Parents for Addiction Treatment and Healing). Email her at lisa@californiatogether.com.

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elements of recovery

By REVEREND LEO BOOTH www.fatherleo.com

Being Present

In the last few years I've noticed a series of workshops presenting *Mindfulness*. Being present in life seems obvious.

We live in a collection of moments that make up life. Here's an example: I'm in the office at a desk writing this article and Michael is diligently working at his computer. Kien is working on specific details of a contract and Hilary is packing books to be shipped for a conference. All these things are happening simultaneously; at the present time.

Why be reminded of the obvious?

Do we really need a workshop telling us to be mindful of the present? If I'm not here in the present, then where am I? It would seem most people are not present, as we lack focus. So at the end of the day, if you ask what they have achieved, most cannot tell you.

I've had this problem, as I can so easily become distracted. Thinking about past events I really can't change, or (*and this is usually the case*), thinking about the future, things that have not happened, yet I play with them in my mind. Don't misunderstand me. I'm not suggesting we shouldn't think about future events, indeed it is good and necessary to plan ahead.

Many of you know I'm planning a trip to Egypt in September along with other spiritual seekers. I started the idea, needed to collect all the details, hotels, best days to travel which include a Nile cruise, visa costs, and so on. I'm imagining myself sitting on a camel near a pyramid with a wide brimmed hat to shade me from the sun. Obviously, none of this is actually happening yet, but I'm imagining it, planning for the trip, living in the future.

Every book I've written requires me to live in the present while preparing for the future. Here's another example: My book on sexual addiction, which took a few years to collaborate was finally released last year and it looks just like what we imagined before it was actually released. In this sense, the past is linked with the present.

So, back to mindfulness: What does it really mean to be present? I think it is an emphasis on living in the moment. Not missing what is actually happening and experiencing reality.

I taste and savor the coffee I'm drinking, feel the touch of the pen on the paper as I write. I hear the tapping noise of a computer. I'm truly focused in the present. Does my mind occasionally wander? Yes. But with the awareness of mindfulness I return to the present and focus.

What is the benefit of being mindful of the present? My work is more productive and I am less prone to worry about what might happen. I get to enjoy the little things in life.

In *Say Yes to Your Spirit* I wrote a meditation, a reflection on "Being Present."

Being

For forty years I've been selling water. By the bank of a river. Ho, Ho! My labors have been wholly without merit. — Sogaku Harada

This seems a funny saying but maybe not. Maybe it's okay not to be always seeking to achieve something. The psalmist said, "Be still and know that I am God." Just be still...and know.

When we say yes to our spirit, we look at many aspects of life—and then we rest. It is perfectly acceptable to be still, not doing anything in particular.

To be is enough. Enjoy your moments!

Reverend Leo Booth is a Unity minister, a published author, conference and workshop presenter. He is a Spiritual Advisor at Renaissance Malibu and Casa De Las Amigas in Pasadena. He is the author of "Say Yes To Your Spirit". For more information visit www.fatherleo.com. Email fatherleo@fatherleo.com or call (562) 427-6003.



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APRIL 10—CAADAC's Executive Director, Rhonda Messamore presents "Counselor Burnout" training from 9:00 a.m. to 12 p.m. at API, 7200 Parkway Blvd. Ste. 113, La Mesa. Call James Mooney, CADC II, 619-507-2790 for more information.

MAY 22, 9:00 a.m. to 4:00 p.m. **Big Book Workshop.** Open to all interested in improving their spirituality. Conference Room at 1400 Johnson Ave, Ste. 101, El Cajon. Speaker/Facilitator: Herb K. (Palos Verdes, Sponsored By: Saturday Eastlake Greens Attitude Adjustment Meeting (AA), Questions, Contact: Jane G. (619) 271-3063 Suggested donation \$5.00 to cover the expenses of handout and facility. Bring your own lunch.

May 28-30—Memorial Day Weekend —San Diego Narcotics Anonymous Convention XXV Milestone Year. Town and Country Resort and Convention Center, 500 Hotel Circle. More information www.sandiegona.org.

NCADD San Diego Breakfast. 2nd Wed. of month. Sizzler Restaurant, I-15 & Aero Drive, San Diego, 8-9:30 a.m. CEU's. (www.ncadd-sd.net) 619-685-6335.

OC-SOBERLIVING COALITION—Rock Harbor Church, 345 Fischer Ave., Costa Mesa. East of 55 Freeway. Take Baker Street exit to Redhill Ave. to Fischer Lane. Grant McNiff 949-549-2954, Patricia Bintiff 714-549-5739.

California Association of Addiction Recovery Resources (CAARR). Social Model Recovery Systems (SMRS) CAARR trainings. www.socialmodel.com or margarete@socialmodel.com.

JUNE 15 - 17—The California Alcohol and Drug Program Statewide Conference 2010: "Strongest Together: Building Quality Services During Challenging Times" at the Radisson Hotel Sacramento. Visit www.cce.csus.edu/adp.

2010 International AA Convention, July 1 - 4, San Antonio, TX. Register online through AA.org.

SUPPORT YOUTH AFLAME—12 STEP SUPPORT MEETING—Thursdays, 8:00 p.m. Meeting focus on issues relevant to Youth, Teens & Recovery. 6641 Killarney Avenue, Garden Grove. Call Bodhi: 714-786-8194 or 714-365-0503.

PANIC AND ANXIETY ANONYMOUS - Meets Monday Evenings, 7:00 to 8:30 p.m. 21515 Vanowen Street, Suite 114, Canoga Park, 91303. For information: 1-800-273-6463.

Fashion Valley Comprehensive Treatment Clinic presents Counselors in Recovery Support Group, Thurs., 5:30- 6:30 p.m. Weekly group for recovery professionals. 7020 Friars Rd, San Diego. Across from Macy's and Nordstrom's, Fashion Valley Mall next to Global Laser Vision. 619-718-9890 x 122.

ALL OF US OR NONE—Monthly meeting, 1-2:30 p.m. Guiding Light Church, 621 Brookhurst St. #114. Get involved to end discrimination against people with prior convictions. Rhonda 714-510-1536.

A STEP IN THE RIGHT DIRECTION—Luxury sober living home for women in beautiful Northridge. www.astepintherightdirection.com. Linda: 818-720-7075

CAME TO BELIEVE—A.A. meetings Thursdays 9:00-10:00 a.m. Venice Recovery Center. Meetings focus on issues relating to spirituality and recovery. 414 North Lincoln Blvd. Venice. North of Smart and Final, south of Rose Avenue.

DUAL RECOVERY ANONYMOUS (DRA) meeting. Thursdays 7:00 p.m. Veteran Rehab Clinic, 4141 Pacific Highway, San Diego. For more information call 619-497-0142.

COMEDY IN RECOVERY-EVERY FRIDAY NIGHT—9:30 p.m. following 8:00 p.m. CA meeting. Fountain Valley Alano Club, 16581 Brookhurst Street Fountain Valley. 714-839-5501. Free parking, show, prizes.

SUNDAY INSPIRATIONAL-4:00 p.m. Holy Ground Christian Fellowship, 7699 Ninth St., Buena Park. 714-736-9304 or www.holygroundchurch.org.

ALCOHOL & OTHER DRUG AWARENESS—Annenberg Center for Health Sciences, 39000 Bob Hope Drive, Rancho Mirage. 760-773-4342.

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Straight Talk *from the Doc*

By DR. STEPHEN GROTH

Nicotine Addiction - Finding a way to quit

This article will conclude my 4-part series on nicotine dependence- the greatest addictive substance of all. Last month I discussed step-2, replacement of nicotine with over-the-counter nicotine products.

The last step for many includes medications that make smoking less palatable or downright unpleasant. Zyban is a specially-formulated extract of Wellbutren, bupropion. For some reason, bupropion makes smoking taste less pleasant and seems to make the desire to smoke go away. It was the first medication made available to help stop smoking Zyban requires a physician's prescription and brings the stop smoking rate much higher than without it. Statistics are not available.

Perhaps the most exciting new medication that is available is the nicotine receptor 'partial agonist' medication called "Varenclyne," or trade name Chantix. There is no question that Chantix represents a major break-through

in treatment of smoking dependence. Stop smoking rates are significantly higher than any other approach or medication including bupropion/Zyban.

Thinking about quitting? TRIAD Treatment center offers both Zyban and Chantix, and would be happy to see you if you would like to try either of these medications.

In conclusion, nicotine and smoking dependence is the world's greatest addiction. There are many ways to attempt to stop. Good luck!

Dr. Stephen Groth is a licensed physician in the State of California and serves as Executive Director of Operations and Medical Director of the TRIAD Treatment Center in San Juan Capistrano, CA. He is in recovery and writes about medical issues in drug and alcohol treatment, as well as within the context of recovery and overall well-being for the recovering addict. If you have a question for him, or an issue you would like addressed in these pages, please contact Dr. Groth at drsteve@triaddetox.com.

Promises Treatment Centers launches expanded neurofeedback program

Neurofeedback helps people with addiction who have underlying disorders such as depression, anxiety, trauma, and insomnia by reducing symptoms and giving them a greater chance of maintaining long-term abstinence from drugs and alcohol.

Promises Treatment Centers launched an expanded neurofeedback program this month because studies have shown it can significantly raise abstinence rates. After leaving residential treatment, many people struggle with maintaining sobriety due to underlying problems such as insomnia, anxiety, trauma, and depression—and some people even leave treatment prematurely because of these issues. But with neurofeedback (also called EEG biofeedback), Promises Treatment Centers offers a safe, comfortable way to dramatically reduce clients' vulnerability to relapse.

Long-term studies demonstrate that neurofeedback, in conjunction with a 12-step program, raises abstinence rates substantially. In the UCLA study published in the American Journal of Drug and Alcohol Abuse in 2005, 121 volunteers undergoing an inpatient addiction treatment program were randomly assigned to a neurofeedback or control group. Subjects in the neurofeedback group received 40-50 sessions, and the control group received additional time in treatment. Of the subjects

receiving neurofeedback, 77 percent were abstinent at 12 months, compared to 44 percent of the controls. This study has also been successfully replicated by other research teams.

Promises Treatment Centers is part of Elements Behavioral Health whose goal is for full recovery and well being with permanent life change and life style improvement and not just symptom reduction. To learn more about Promises visit www.promises.com or call 866-466-1276.

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Narcotics Anonymous	714-590-2388
Nar-Anon	800-477-6291
Marijuana Anonymous	714-999-9409
Overeaters Anonymous	714-953-0900
Rape Crisis Hotline	714-957-2737

Narcotics Anonymous	619- 584-1007
Nicotine Anonymous	619- 682-7092
Rape Crisis	858- 272-1767
San Diego City Help	619- 491-1194
Sex Addicts Anonymous	760- 736-0644
San Diego Fellowship of Smart Recovery	619- 819-7740
Suicide/Crisis Intervention	858- 546-1100
	800- 479-3339

—Los Angeles County—

Adult Children of Alcoholics	310- 534-1815
Alcoholic Anonymous	323- 936-4343
Al-Anon/Alateen	818- 760-7122
Cocaine Anonymous	310- 216-4444
Crystal Meth Anonymous	213- 488-4455
Marijuana Anonymous	323-964-2370
Gamblers Anonymous	310- 478-2121
NA North. OC	818-773-9999
NA for S. OC	949- 661-6183
Overeater Anonymous	310- 473-5207
Battered Women Hotline	818- 887-6589
Rape Hotline	800-585-6231

—Inland Empire—

Alcoholics Anonymous	909- 825-4700
Cocaine Anonymous	909- 359-3895
Gamblers Anonymous	909- 424-5020
Marijuana Anonymous	626- 583-9582
NA West	909- 622-4274
NA Foothills	
English	909- 795-0464
Spanish:	888- 622-4672

Get Listed: info@californiatogether.com