

California Together



Alan Cohen
IT'S YOUR BABY pg. 7

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Forging Forgiveness

William C. Moyers



STRAIGHT TALK from the Doc Prescription Drug Addiction and Today's Youth



A Brief History of Addiction

Lisa Overton



Spirituality: The Golden Thread

Rev. Leo Booth

Baby Boomers Continuing Illicit Drug Use

Many baby boomers (Americans in the generation born between 1946 and 1964) are continuing to use illicit drugs as they grow older, causing the rate of illicit drug use to go up within the 50 to 59 year old age segment of the population. According to a new analytical publication produced by the Substance Abuse and Mental Health Services Administration (SAMHSA), those aged 50 to 59 reporting use of illicit drugs within the past year has nearly doubled from 5.1 percent in 2002 to 9.4 percent in 2007 while rates among all other age groups are statistically staying the same or decreasing.

An Examination of Trends in Illicit Drug Use among Adults Aged 50 to 59 in the United States is the first in a series of new scientific reports being published periodically by SAMHSA's Office of Applied Studies that will provide detailed analyses on important substance abuse and mental health issues challenging the nation.

"These findings show that many in the Woodstock generation continue to use illicit drugs as they age," said SAMHSA Acting Administrator Eric Broderick, D.D.S., M.P.H. "This continued use poses medical risks to these individuals and is likely to put further strains on the nation's health care system -- highlighting the value of preventing drug use from ever starting."

The report analyzes many aspects of this phenomenon including the types of illicit substances involved, different demographic and behavioral factors associated with higher rates of use, and other issues. The data used in the analysis comes from a wide range of sources including 16,656

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The Budget Crisis: A Challenge to the Recovery Community

By Kevin Heslin and Dave Sheridan

The Sober Living Network provides alcohol and drug-free housing for about 25,000 Californians every year. Our diverse resident population includes vulnerable groups such as women with children, U.S. veterans, and previously homeless young adults rejected by their families. The vast majority of our residents are in the earliest stages of recovery from alcohol and drug addiction. Many suffer from co-occurring psychiatric problems such as schizophrenia, bipolar disorder, and post-traumatic stress disorder. Years of drug use have left many of them infected with HIV and hepatitis. Histories of domestic violence and sexual abuse are not uncommon, especially among female residents.

The Network operates from the conviction that safe and supportive housing is the cornerstone of recovery. There is solid evidence that sober living houses are more effective and less expensive than traditional treatment at helping alcoholics and addicts maintain long-term sobriety. Unfortunately, recent decisions by state lawmakers will likely undermine the recovery of sober living house residents and many other tens of thousands of people across the state.

California's financial mess has been well publicized. After a grueling 20-hour session in late July 2009, lawmakers approved a budget that would close most of the \$26.3-billion deficit—largely by slashing the health and social safety net at a time when people need support more than ever. Adding insult to injury, the governor made an additional \$489 million in cuts (his "line-item vetoes") before signing the budget. The governor's vetoes eliminate state funding for community health clinics and \$80 million from child welfare services. A total of \$400 million in healthcare cuts includes \$60.6 million taken from funds for Medi-Cal eligibility workers. Housing assistance for people with HIV/AIDS has been cut by 20%.

Sober living homes do not receive direct government money. However, many of our residents and their children receive basic assistance through public programs such as Medi-Cal and CalWorks. The goal of this article is to review the budget passed by California lawmakers over the summer of 2009, as well as the line-item changes that the governor made without the agreement of the state legislature. We discuss some of the harmful effects that these cuts will have on vulnerable populations, specifically on individuals and families struggling to rebuild their lives from the ravages of alcohol and drug addiction.

Proposition 36 Services

Approved by 61% percent of California voters in November 2000, "Prop 36" requires

"Not all spending cuts save money in the long run. Without enough Prop 36 funding to provide timely treatment and aftercare, many non-violent drug offenders will cycle back into our overcrowded prison system. Incarceration is an expensive alternative to treatment and housing for people dealing with alcohol and drug addiction."

that first- and second-time nonviolent drug offenders be sent to treatment instead of prison. People who are eligible can get up to a year of drug treatment and 6 months of aftercare. Since Prop 36 was enacted, sober living houses have been an important aftercare resource for Californians trying to move beyond alcohol and drug addiction—and the criminal activities often used to pay for these expensive habits.

Prop 36 is an extremely cost-effective program. A UCLA study released in 2008 found that for every \$1 spent on Prop 36 services, \$2 were saved in government spending, mainly from reduced prison costs. Unfortunately, the budget signed in July 2009 will slash Prop 36 funding to \$18 million, a ridiculous 83% decrease from the previous year.

The law behind Prop 36 requires that nonviolent offenders be offered treatment, and it doesn't offer exceptions for state budget crises. Less funding for Prop 36 programs means longer waiting lists for treatment, which leaves drug offenders with far too much free time on their hands while they wait.

The Prison Cycle

Not all spending cuts save money in the long run. Without enough Prop 36 funding to provide timely treatment and aftercare, many non-violent drug offenders will cycle back into our overcrowded prison system. Incarceration is an expensive alternative to treatment and housing for people dealing with alcohol and drug addiction.

Less than 2 weeks after the budget was released in July, violence erupted in the state's prison facility in Chino. In a 4-hour riot, enraged inmates set fire to one prison dormitory and smashed bunks and lavatories in five others, leaving 175 inmates seriously injured. Why did this happen? The California prison system houses 158,000 people crammed into facilities originally



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Dave Sheridan is a Board Member and Treasurer of the Sober Living Network. He also serves on the board of the Chandler Lodge Foundation, a nonprofit organization which operates a men's recovery facility in North Hollywood. dmsheridan@verizon.net

designed for 84,000; The Chino facility has 5,900 inmates, nearly twice its capacity. Barracks are reported to be poorly designed, with very few toilets, sinks, and wash basins. When inmates have to fight simply to use the bathroom and clean themselves up, tensions are bound to reach dangerous levels.

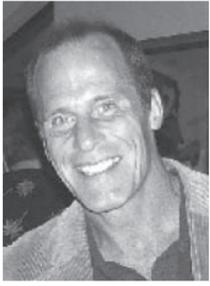
Before the prison riot, lawmakers had planned to cut \$1.2 billion from California prisons. Now they must find \$6 million to make repairs to the damaged Chino dormitories, and much more money to rebuild the dormitory that was burned down. In addition, a panel of three federal judges in early August ordered California to reduce its prison population by more than 40,000 inmates over the next 2 years. The federal judges said that California must come up with an inmate reduction plan by mid-September.

To comply with the judges' order, state lawmakers will need to grant early release to tens of thousands of inmates. Because of the extensive cuts to public services that could actually help these former inmates re-integrate back into the community, the bottom line for Californians will likely be increased crime, homelessness, domestic violence, and numerous other consequences of not addressing addiction and mental health problems effectively.

Women and Children First?

Welfare reform in the 1990s was a move away from the notion of a "safety net" to an emphasis on the responsibilities of the poor to better themselves. Changes in public programs providing cash assistance and health insurance coverage were designed to help people make the transition to independence. For most sober living residents, living costs are low enough that they can make ends meet by working a minimum wage job, supplemented by essential public programs.

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publisher's note

September is National Recovery Month

by Dr. Steve Groth, Editor, Publisher & CEO

Welcome to *California Together!* This is "National Drug and Alcohol Recovery Month, a month set aside back in 1992 by an Act of Congress, to proclaim awareness about addiction and what can be done about it. Go to www.recoverymonth.gov to learn more.

Many organizations around the country are holding special events to observe Recovery Month and this issue is similarly dedicated to it. We hope and pray the collective efforts of these various organizations will have an impact, and will drive addicts and alcoholics who have been standing on the sidelines, into treatment. The reality is that EVERY month is Recovery Month at *California Together!*

Awareness is Our Mission

Our central mission is to create awareness about recovery in its many forms, and to get as many addicts, alcoholics, and their families into treatment as possible. Our paper is fully advertising-supported, and is free to the reader. If your organization is not yet on our distribution list, please contact us at info@californiatogether.com, or call us: 949-273-8490, and we will set you up for free monthly delivery.

Our feature article this month, **The Budget Crisis: A Challenge to the Recovery Community**, is written by our own regular columnist, Kevin Heslin and his colleague Dave Sheridan, both of the Sober Living Network (SLN). In it they outline the austere budget situation in the State of California and how it has severely and negatively impacts recovery opportunities for active alcoholics and addicts. They go on to suggest that the greater network of sober living and transitional care facilities can be the lifeline for this latter group of addicts who want and need recovery. Don't miss it. It is disturbing information yet current and real.

Elsewhere in our Recovery Month issue is Lisa Overton's article, **A Brief History of Addiction and Recovery**. She discusses the age-old set of arguments about whether addiction and alcoholism is a disease as opposed to a punishable offense. Prior to the arrival of Bill Wilson and Dr. Bob and their Alcoholics Anonymous (AA) movement, alcoholism and drug addiction were largely looked at as moral issues and lifestyle choices—punishable by jail time, asylum placement, and the like. The few people and organizations that looked at addiction

as a disease did not make a great deal of headway prior to the early and mid-1900's. You will enjoy this review of the history of addiction and recovery.

Dr. Steve's **Straight Talk From the Doc** discusses prescription drug addiction and how it has become the largest sub-group of addicts in the youthful population: junior high and high school students.

Prescription drug addiction includes both pain pills (Oxycontin; Vicodin, Norco) plus the sedative benzodiazepines (Xanax, Ativan, Valium, Ambien, and the like). To say prescription drug addiction is a problem for this group of addicts is a wild understatement. How can it be addressed and managed? If you read it you will understand why there are so many young people sitting in the midst of the various 12-Step groups and alternative approaches to recovery. These addicts and alcoholics are too young to legally drink alcohol, yet there they are!

Prescription drug abuse does not apply solely to young people; it is the largest overall group of drug addicts across the age spectrum. TRIAD Treatment Center (www.triaddetox.com) is a place where Suboxone detox is available for the treatment of opiates addiction. They also offer slow detox management of benzodiazepines addiction. If you or a loved one is struggling with opiates or benzodiazepines, a call to TRIAD for help would very definitely be in order. Help is also available through NAABT www.naabt.org and SAMSHA www.buprenorphine.samhsa.gov.

2009 Recovery Summit

In closing, I wish to remind our readers of the Sober Living Network (SLN)-Sponsored "Recovery Summit" even with will be held October 16, 2009 at Loyola Marymount University. A full day of worthy activities is scheduled, and with speakers that will impress you, including Dr. Wesley Clark, Director of SAMSHA. Read the article immediately adjacent to mine here to learn more about the Third Annual Recovery Summit. Don't miss this exciting event!

The Los Angeles County Sober Living Coalition is a co-sponsor of the "Recovery Summit."

California Together wishes all readers a blessed and worthy Recovery Month. In fact, let's make EVERY month national Recovery Month!

Until next month,
Dr. Steve

Financing Mental Health and Addiction Prevention and Treatment Services

The Substance Abuse and Mental Health Services Administration (SAMHSA) launched a new website that features up-to-date information on the financing of mental health and substance abuse prevention and treatment services and delivery systems.

The website will also provide relevant articles from across the behavioral health financing industry, reports, briefs, and other items. The new website is available to the public. <http://www.samhsa.gov/financing/>

Visitors to this new website will also be able to access SAMHSA's Weekly Financing News Pulse, a new product containing information about national, state, and local behavioral health financing news, including upcoming hearings on Capitol Hill.

The new website and Weekly Financing News Pulse are both products of SAMHSA's Financing Center of Excellence (COE). Established by SAMHSA in November of 2008, the COE draws upon the services of leading experts in the field of behavioral health financing to provide information and analysis that can help policy-makers, payers, and providers offer high quality, cost-effective services to individuals with mental and substance use disorders.

You can receive the Weekly Financing News Pulse automatically by signing up for SAMHSA's eNetwork—your personal link to SAMHSA for the latest news about our grants, publications, campaigns, programs, and statistics and data reports.

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The Vision for the 2009 Recovery Summit

On October 16th, the Sober Living Network and Los Angeles County Sober Living Coalition will be presenting the third annual Southern California Recovery Summit. The Summit will be held at Loyola Marymount University from 8 am to 3:30 p.m.

The Sober Living Network is a non-profit organization dedicated to promoting excellence in the operation and management of sober living and other community recovery support resources. The Los Angeles County Sober Living Coalition is also a nonprofit organization and it is the "Better Business Bureau" of sober living homes. The Coalition oversees the operation of approximately 310 county sober living homes, representing roughly 3,500 beds.

The vision of the Summit is to offer a broad spectrum of topics relating to addiction and its affects on friends, family, and the workplace. The abuse of alcohol and/or drugs sends damaging repercussions through out the entire community. Such an epidemic can only be adequately addressed by the cooperation and education of all sectors of the community.

The Summit is an avenue to bring together a diversity of individuals involved with and/or impacted by substance abuse.

Throughout the world, substance abuse has adversely impacted more people than any other disease.

To promote a community solution, the Summit strives to educate the public about a diverse range of topics relating to recovery from addictive behavior. Presenters and panelists include psychologists, sober living providers, treatment providers, physicians, faculty, licensed therapists, government officials, community activists, homeless services providers, and everyday people impacted by addiction.

A panel discussion will elaborate about substance abuse treatment specific to treating adolescents. **"Marketing Challenges and Solutions for Recovery Services"** will show professionals and business owners innovative ways to operate successful businesses. A panel of experts will also focus on the popular field of recovery coaching, Ed Storti, renowned interventionist; who will headline a discussion entitled **"Professionalism in the Workplace."**

A Choice Theory workshop will be facilitated by Carlene and Dr. William Glasser. Another expert in the field, Dr. Westley Clark, the Director of the Center

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by William C. Moyers www.williammoyers.com

Forging Forgiveness

On a summer Sunday afternoon, a 36-year-old mother coming home from a weekend camping trip drives while drunk and under the influence of marijuana. In her minivan are her own children and three nieces. For miles, the car speeds the wrong way on a major highway before crashing into an oncoming vehicle.

She dies. So do her daughter and her three nieces, as well as three men in the other vehicle.

No drunken driving accident in recent times has garnered the nation's collective abhorrence and dismay like this one. Perhaps it is because the driver, Diane Schuler, was known as a committed mother, a doting aunt and a successful corporate accountant and apparently never had been in trouble before with the law or with the alcohol and marijuana that killed her and the others.

"Because we have never known Diane to be anything but a responsible and caring mother and aunt, this ... raises more questions than it provides answers for our family," said her brother, Warren Hance, whose three girls were among the dead. "Amidst all the uncertainty and speculation as to how and why this accident occurred, this is the absolute last thing that we ever would have expected."

People are asking: How could a mother do this? Were there any warning signs that she had a problem? Did other adult family members know she was intoxicated? If so, why didn't they stop her from getting behind the wheel or at least make an effort to prevent the kids from going along?

Whatever the answers, there is a fundamental truth that needs no further explanation. The crash is a stark reminder of the power of alcohol and other drugs on the human mind and body. Such substances cause good people to do bad things and loving people to cause tremendous harm to themselves and others they care for or don't know at all.

Nobody is immune to the ravages of the legal drug alcohol or the illegal drug marijuana.

Sadly, before too long, the public's fascination and frenzied disbelief over this crash will dissipate, just as it always does when somebody dies because of a drunken driver. As I noted in my column last week, almost 13,000 people die each year in alcohol-related traffic accidents. That's one person every 40 minutes. It seems we have come to accept alcohol-induced violence

"Sadly, before too long, the public's fascination and frenzied disbelief over this crash will dissipate, just as it always does when somebody dies because of a drunken driver."

on our roadways, as we do the guns used by criminals to kill their victims, provided it doesn't happen to us.

When it does, only the families of the driver and her victims will remember day after day that terrible day their lives were altered forever. And that begs this question, which I received in an e-mail from my friend Jean D., who is from Buffalo, N.Y.: "How will they ever find forgiveness?"

It is easy to hate and convenient to harbor anger-forged resentments toward others. No doubt that right now, such emotions are mixed up in the sheer grief of the loss these families face. Once that grief fades — and it will, no matter the depths of their loss for their loved ones — their challenge will be to fill the void with forgiveness.

Seeing as our society seems unwilling to use crashes like this one as rallying cries to change public attitudes and public policies around the use and abuse of alcohol, perhaps the ultimate legacy of this tragedy is in how the survivors teach us about forgiveness. All of us have more to learn.

"Nobody is immune to the ravages of the legal drug alcohol or the illegal drug marijuana."

William C. Moyers is the vice president of external affairs for the Hazelden Foundation and the author of "Broken," his best-selling memoirs. Please send your questions to William Moyers at William@WilliamMoyers.com. To find out more about William Moyers and read his past columns, visit the Creators Syndicate Web page at www.creators.com. COPYRIGHT 2009 CREATORS.COM



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International Drug Policy Reform conference returns to New Mexico

From November 12-14, a wide range of advocates, doctors, lawyers, activists, treatment providers, law enforcement, students and educators will converge under the Hyatt Hotel's roof for the biennial International Drug Policy Reform Conference in Albuquerque, New Mexico, where it was originally held in 2001. The Reform Conference returns to New Mexico because the state stands as a beacon of reform, recently passing innovative medical marijuana legislation and the nation's first Good Samaritan law.

The conference comes at a crucial time: more people than ever grasp the need for our drug policy to shift from criminalization to a public health model.

The viability of major reforms is increasing day by day, making now a pivotal moment for scrutiny of the alternatives to our nation's ineffective and damaging lock-'em-up drug laws.

This year's conference will cover a range of topics, chief among them being marijuana legalization. In this new political climate, meaningful reform of marijuana laws is closer on the horizon than ever. Thanks to decades of grassroots activism, combined with the harsh realities of the ongoing economic crisis, the national debate is finally turning in favor of the taxation and regulation of marijuana.

As part of the conference's "Imagining Victory" panels, an array of experts will propose possible regulatory schemes and discuss their potential effectiveness.

Holding the conference in Albuquerque gives us a unique opportunity to examine the intersection of immigration policy and drug policy reform, as well as drug war violence on both sides of the border. Drug

policy movers and shakers also plan to push the envelope by discussing innovations that have gained credibility in other countries: services like prescribing heroin to people who suffer from addiction to allow them to lead normal lives, or providing supervised injection facilities to protect people who use drugs from lethal overdose.

Our nation's drug policy should be based on reason, compassion, health and human rights, but it will take a great deal of strategizing and organizing to make it so.

Anyone who believes the drug war does more harm than good is encouraged to attend November's conference. As usual, it will be a high-energy, can't-miss event, where even the strangest of bedfellows can find much to agree on.

For details on registration, sponsorships and hotel information visit www.reform-conference.org/.

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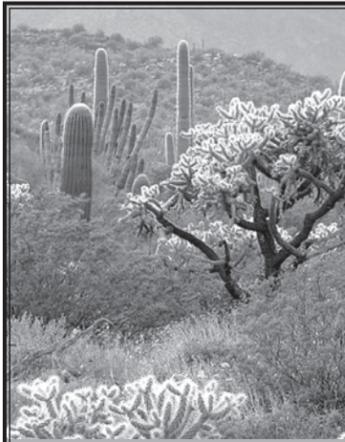
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Taste of Recovery Event

September is National Alcohol and Drug Addicton Recovery Month, and Long Beach will be hosting a celebration with the support of Serene Center Long Beach, Substance Abuse Foundation of Long Beach, The Long Beach/South Bay Sober Living Coalition, and Long Beach South Bay Substance Abuse Coalition.

The festival will take place September 26, from 11a.m. to 4 p.m. and will include live entertainment, games and activities designed to support sober fun for the whole family. The restaurant vendors will be selected from Long Beach's community, and informational exhibitors will represent Long Beach's recovery community as well as treatment and treatment support system.

Andrew Martin, President of Serene Center, Inc., describes the motivation behind Taste of Recovery, "Long Beach is one of the largest recovering communities in the United States, as such our community should have a representative festival for all those who are in recovering from drug and alcohol addiction. What better way to celebrate a recovery lifestyle than to create a festival that will educate, inspire, and bring together the community of Long Beach."

Serene Center and Substance Abuse Foundation are active within the recovery treatment community in Long Beach as well as City of Long Beach efforts to improve communities. The City of Long Beach will be issuing a proclamation for the Taste of Recovery event along with a letter of acknowledgment to both agencies for their efforts in planning and sponsoring this event for the benefit of the community.

For additional information on Serene Center Long Beach, contact Andrew Martin or visit www.serenecenter.com. For additional information on Substance Abuse Foundation, visit www.safinc.org.

Serene Center Long Beach is a 38 bed adult male continued care transitional sober living community for alcoholics and addicts in early recovery that wish to transition into a fulfilling lifestyle without cravings for addictive substances. We help people help themselves to a better quality of life through certified therapy, education, and balanced center living guidance.

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A Brief History of Addiction

by Lisa Overton

The argument whether addiction is a public health problem or a criminal justice issue is not a new one. The writer of Proverbs cautioned that drinking will bring anguish, sorrow, unnecessary bruises and bloodshot eyes, and the taste of wine is a poisonous serpent that will bite or a viper that stings.

During colonial times, drunkenness was considered sinful and a personal choice. Drunkards were punished by flogging or imprisonment. Dr. Benjamin Rush theorized that the properties of alcohol, rather than the alcoholic's choice, caused the drinker to lose control. Believing alcoholism to be a medical disease, he proposed that alcoholics be weaned from their addiction using other substances. He also advocated blood-letting and taking mercury.

Preceding Alcoholics Anonymous by 100 years, the Washingtonian Society was formed in 1840 in a tavern in Baltimore by a group of hard drinkers who believed they could remain sober through divine help by relying upon each other. This doomed movement was to claim more than 300,000 members before it folded. Sources state that its involvement with many controversial social reforms including prohibition, religion, politics and abolition of slavery led to its demise.

Inebriate homes were founded for the treatment of alcoholics. By the 1870s, alcoholic mutual aid societies had formed promoting a message of hope about recovery.

In 1879 Dr. Leslie Keeley proclaimed "Drunkenness is a disease and I can cure it." The Keeley Institutes heralded the franchised, private, for-profit addiction treatment establishment. A famous photograph depicts a support group at Keeley meeting under a sign announcing "The Law Must Recognize a Leading Fact: Medical Not Penal Treatment Reforms the Drunkard."

Cocaine was proposed by Sigmund Freud and others to treat alcoholism and morphine addiction. (This method worked well for me until it landed me in jail.)

By the turn of the century, inebriate homes closed, and alcoholics were sent to city "drunk tanks," "cells" in "foul wards" of public hospitals, and the back wards of aging "insane asylums." Wealthy patients continued to seek discrete detoxification in private sanatoria know as "jitter joints," "jag farms" or "dip shops."

Reminiscent of the failed War on Drugs, laws were enacted in the early 1900s in response to political rhetoric and journalistic propaganda. Testifying at a hearing for the Harrison Act, one physician alleged that drugs made blacks uncontrollable, gave them superhuman powers and caused them to rebel against white authority. Another testified that "Most of the attacks upon the white women of the South are the direct result of a cocaine-crazed Negro brain" which claimed that cocaine incited black men to rape white women. Equally pernicious, they claimed, were the opium dens, operated by Chinese who lured unsuspecting women to compromising circumstances.

From 1919-1924, communities set up morphine clinics to care for incurable and medically infirm addicts. Then the Supreme Court declared that maintaining an addict on a customary dose was not "good faith" medical practice under the Harrison Act and thus an indictable offense. Some 25,000 physicians were indicted. This effectively closed the clinics. Again treatment disappeared for all but the most affluent Americans.

In the 1930s, the field saw the introduction of aversive conditioning, federal involvement in addiction research and treatment, and the famous meeting of Bill W. and Dr. Bob S. which marked the beginning of AA.

The National Council on Alcoholism was founded in 1944, proposing that alcoholism is a disease, alcoholics are sick people worth helping, and that treating alcoholism is a public responsibility. The next few decades saw many people working tirelessly to convince the public and policymakers that punitive measures only added to the problem, and addiction treatment is the only viable option.

The VA Hospital opened treatment units in 1957. The first ex-addict-directed therapeutic community—Synanon—was founded in 1958. Federal funding for community-based treatment increased throughout the 1960s. The insurance industry began to reimburse the treatment of alcoholism on par with the treatment

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

SEPT. 2 -11:00 - 2:00—In celebration of National Alcohol and Drug Addiction Recovery Month, **A Rally for Recovery** will take place at 500 W. Temple St. Los Angeles.

SEPT. 8—6:30 P.M. Alvarado Parkway Institute, La Mesa will hold their **5th annual Addictive Disease & Mental Health Outpatient Program** alumni dinner. Former program attendees are welcome and should RSVP to Sandy at 619-667-6018. (NO COST TO ATTENDEES).

SEPT. 16: At noon In **Celebration of National Recovery Month**, CRC Health Group will release biodegradable balloons at 119 nationwide CRC locations. Called "Recovery Takes Flight," the aim is to recognize and raise community awareness. Contact: Victor Valdez, 619-579-8373 (El Cajon CRC) Corp. Outreach: Melissa Preshaw, 408-367-2185.

SEPT. 18—9:30-11:30 a.m.—A hearing on the "Dangers of Alcohol & Drug Abuse to Senior Populations" will be held at the San Diego County Administration Center, 3rd floor, South Board Chambers, RM 358. Hosted by Assembly member Lori Saldaña.

SEPT. 19—A New PATH (Parents for Addiction Treatment & Healing) 5th annual "Strut for Sobriety" luncheon, awards and fashion show. The Westin Gaslamp Quarter, San Diego. 619-670-1184 or e-mail anewpath@cox.net.

SEPT 23. from 11 am - 2:30 pm.—**GREENFIELD LODGE OPEN HOUSE**- Allen Berger will be speaking from noon until 1 pm- 1 CEU. Fabulous food and beverages provided. 3662 Greenfield Ave- Mar Vista- 90034 Jim Coddington **310-591-0657.**

SEPT. 25-27—30th annual AA Sober Campout Harvest Moon Kickback at Lake Henshaw in San Diego County. 619.265.8762 for more information.

SEPT. 26—**Taste of Recovery Event** from 11AM to 4PM at 5000 E. 7th St., Long Beach, will include live entertainment, games and activities designed to support sober fun for the whole family.

OCT. 16-18—Celebration of Women's 20th Annual Women's Conference, "Anything is Possible," at Handlery Hotel, 950 Hotel Circle N., San Diego. Hotel Reservations are available at the conference rate until Sept. 16th by calling

(619) 298-0511. For more information: Brenda L. 619-469-4222/ blewis@silbv.com or Angela W. -619 516-5757 / angel1_92116@yahoo.com

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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, CA. Call Bodhi for more information call **714-786-8194** or **714-365-0503.**

Panic and Anxiety Anonymous—meets every Monday evening, 7:30 to 9:00 p.m. 7701 Atron Street, West Hills, CA. For further information call 1-800-273-6463

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

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. Lots of love and support: swimming pool, pool table, large screen TV, unlimited local and long distance calls, wireless internet. 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.holy-groundchurch.org.

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

elements of recovery

By Reverend Leo Booth | www.fatherleo.com



Spirituality: The Golden Thread

As I listen to people share at recovery meetings I'm aware of the fact most people understand the difference between spirituality and religion. But when I ask them what the difference is, they are not too clear. I suppose this is to be expected when you consider that few people are schooled in philosophy, and not many have studied theology. Those I speak with truly sense there is a difference but have a hard time putting it into words. Maybe this article will help.

When we begin to examine the word religion we see it is derived from a Latin word: religio. The definition is "to tie" or "bind" or "bring together". What we begin to understand is the purpose of a religion is to tie the world or creation to God. Maybe even bind a person to God. The concept is beginning to emerge the role of religion is to bring together mankind (including women!) and creation into a definite relationship with God.

How does 'religion' do this? If you look at the world of religions, and it really doesn't matter which religion you chose, they have very similar characteristics. They usually have a book (Bible or Koran) that contains the message God wishes to impart to his followers; ministers, priests or mullahs who interpret God's message; then each religion has their own rituals regarding worship and prayer.

I think you will find all the religions of the world have the above characteristics and it is in this way they are able to bind, tie and bring the people and God together.

It goes without saying most religions are highly organized and this is true for the various denominations. The following examples immediately spring to mind: Roman Catholic, Baptist, Lutheran; or Shiite and Sunni; Orthodox Jews, Conservative or Reform.

Another consideration, when talking about 'religion', is most people are born into a specific denomination or group. Europe and the United States tend to be specifically Christian; Asia is Buddhist or Hindu; the Middle East is mainly Muslim with a smaller group of Jews. It is true a small percentage of people change their religion but most stay in their religion of birth, possibly changing their denomination...example, a Baptist becomes a Roman Catholic. So we see that your place of birth often determines your religion.

When we look at spirituality we experience a different definition and philosophy. Again, this word is rooted in the Latin word spiritus which means "breath" or "life" or "energy". It is much more open ended and poetic, less structured.

Thank God, and I really mean thank God, when Alcoholics Anonymous wrote the Twelve Steps, it stated "having had a spiritual awakening..." as opposed to "having had a religious awakening..." because then we would be forced to ask 'which

religion?' That would have created a political and psychological nightmare.

Because the word spirituality is not allied with any one religion or denomination we find every type of religious person at an AA meeting; indeed, not a few are agnostic or atheist. I truly believe we can be spiritual without being religious.

Over the years I've suggested that an inclusive definition of spirituality is being a positive and creative human being. This can include both the religious person and the non-religious and suggests 'the golden thread' that unites all human beings.

A question that is often asked me is, does a spiritual person have to believe in God? The short answer is "No". But if we could be poetic for a moment, when we return to the root definition 'spiritus' we are presented with open ended concepts like breath, energy, life which is certainly less dogmatic as is the definition of religion.

This is why, when I attend recovery meetings that are spiritually based, I tend to hear words like honesty, respect, forgiveness, change and surrender...rather than creed, dogma, sin or Hell.

More importantly, I meet every type of person, every shade of religion, agnostics and atheists, gays and lesbians and the culturally diverse. At my meetings in Long Beach I experience America!

I would like to suggest it is possible to be both religious and spiritual. Examples abound of religious people who exemplified the best of what are considered spiritual values.

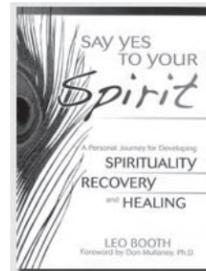
Mahatma Gandhi, a Hindu, worshipped as a young man in Christian churches when he was working as a lawyer in South Africa.

Mother Theresa welcomed into her orphanages Roman Catholic, Hindu and Muslim babies who were sick or dying.

The Reverend Dr. Martin Luther King, who when he was developing his philosophy of non-violence had no problem referring to the work and wisdom of a Hindu (Gandhi).

Spiritual people have always had the vision of the "Big God"; hence they inevitably become big people. Spirituality is about knowing that we are living in a Big World with a big "Big God."

Reverend Leo Booth is a Unity minister, a published author, conference and workshop presenter in all aspects of addiction. He is a Spiritual Advisor at Renaissance Malibu in CA and Casa De Las Amigas in Pasadena, CA. 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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STRAIGHT TALK *from the Doc*

Prescription Drug Addiction in Today's Youth: Alarming Statistics Revealed

by Dr. Steven Groth

High School Seniors

The following short research item appeared in **Join Together**, now a publication of Columbia University.

Join Together is now a project of the National Center on Addiction and Substance Abuse at Columbia University. From its founding in 1991 until May 2009, Join Together was a project at the Boston University School of Public Health. I am reprinting this short item with attribution, because it reveals a highly important dynamic in the use of prescription medications by today's youth.

Research Summary

A survey of more than 12,000 U.S. high-school seniors found that 12.3 percent said they had used opioid-based prescription drugs for non-medical purposes, with 8 percent saying they had done so within the past year, HealthDay News reported Aug. 3.

Students said they used drugs like hydrocodone, oxycodone, hydromorphone, meperidine, morphine and codeine to relax, relieve tension, get high, experiment, relieve pain, or have a good time with their friends.

Those who used the drugs for reasons other than pain relief were more likely to use other addictive drugs and have signs of addictive disorders, researchers said.

"The results of this study provide compelling evidence that adolescents have a wide range of motives for using prescription opioids non-medically, and these motives should be carefully considered in efforts to reduce this behavior," said study author Sean Esteban McCabe of the Substance Abuse Research Center of the University of Michigan. "These results suggest that appropriate pain management and careful therapeutic monitoring could contribute to reductions in the non-medical use of prescription opioids among adolescents."

The study was published in the August 2009 issue of the Archives of Pediatrics and Adolescent Medicine. <http://arch-pedi.ama-assn.org/cgi/content/short/163/8/739?home%20>

DrSteve's Commentary:

The fact that over 10% of high school youth have used opiate pain medications for recreational purposes is not only alarming, it is a call for doing something about it.

Suboxone is considered the drug of choice for both detox of opiates, as well as drug of choice for so-called "maintenance"

medication, or therapeutic management of opiate cravings. The American Society of Addiction Medicine (CSAM) considers Suboxone to be the "gold standard" of opiate addiction treatment. Recent studies have shown that opiate addicts who detox using Suboxone and then stop are much more likely to relapse, and return to inappropriate use of the opiate pain medications. Those who remain on lowest-dose Suboxone that keeps drug cravings to a minimum are much more likely to keep the addicts clean for prolonged periods of time. Just how long that will be generally is a decision made jointly by the client and the treating physician. Typically this is for 6-12 months, followed by tapering to zero.

Of critical importance to note in this context is that Suboxone will NOT get a person "high," and will only treat withdrawal symptoms and address drug cravings. It is felt to have essentially no abuse potential because it does not stimulate the mu receptors, the ones which are responsible for typical opiate effect. Diversion to street use generally is for "legitimate reasons," i.e., to "maintain" the addict who has run out of his or her usual heroin or prescription drug supply, or, to stop using.

TRIAD Treatment Center offers Suboxone™ as one of its core services, and stands ready to assist youthful opiate addicts to deal with their prescription pain medication addiction- one of the largest sub-groups of addiction in existence today.

To make an appointment, call 877-643-4431 (TOLL FREE), or call our local number: 949-545-6930. TRIAD can also help with other forms of prescription medication addiction, such as for benzodiazepines. The latter can be especially difficult to treat, as well, and generally require a prolonged period of very gradual tapering, often over a period of at least a month and often longer.

This is DrSteve, giving it to you straight!

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.



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History of Addiction from page 4

of other illnesses, increasing the number of private and hospital-based inpatient treatment programs. In 1967 the AMA finally declared alcoholism a disease.

This halcyon period continued until Nancy Reagan's "Just Say No" anti-drug campaign launched in 1981 within a "zero tolerance" campaign that reduced federal support and turned back the clock on treatment. Insurance carriers and managed care quashed the 28-day inpatient treatment program, which led to the integration of mental health and addiction treatment and an increase in outpatient programs.

The War on Drugs brought a significant increase in the number of drug users incarcerated. Many of us in this profession are again working to convince policymakers that punitive measures fuel the flame and fail to bring the desired outcome of reducing addiction.

Recovery happens. Treatment works.

George Santayana said that if we fail to observe history, we are doomed to repeat it. My research shows that we are repeating it, over and over again.

The main source for this article is *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* by William White. (1998)

Lisa Overton is a CADCA and a CATC intern. She is enrolled at Perelandra College where she is working on her Masters in Counseling. She is a Board Member of A New PATH (Parents for Addiction Treatment and Healing). Email her at lisa@californiattogether.com.

2009 Recovery Summit from page 2

for Substance Abuse Treatment under the Substance Abuse and Mental Health Services Administration, will be on hand. Dr. Clark will be discussing national trends in substance abuse treatment. Motivational speaker Jarek Robbins will energize the audience with his presentation entitled "Motivational Recovery."

Individuals interested in opening sober living houses and those already in the business are encouraged to sit in on the sober living roundtable. Leading providers will discuss challenges and the state of sober living today. Other experts will educate the public about fair housing rights for the disabled, including those in recovery from addiction. Recent research findings that empirically validate the value of sober living homes will be presented at the Summit.

Participants are welcome to register by October 1st for \$45, thereafter the fee is \$65. Five CEU hours are available for an additional cost of \$50. A continental breakfast and lunch buffet is included.

To learn more about the Southern California Recovery Summit please visit: www.soberhousing.net/summit.

Jim Coddington, MSW, RTC, RCAS Southern California Recovery Summit Steering Committee Member. Reach him by calling 310-591-0657.



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- Alcohol Drug Abuse Services 714-973-8186
- Alcoholics Anonymous 714-556-4555
- Alcoholics Recovery Meeting for Lesbians & Gay 714-534-0862
- AIDS Response Program 714-534-0862.
- Al-Anon 714-748-1113
- Battered Women's Helpline 714-891-8121
- Cocaine Hotline 800-662-HELPE
- CODA 714-573-0174
- Cocaine Abuse 714-647-6698
- Cocaine Anonymous 949-650-1011
- Food Addicts Anonymous 800-600-6028
- Gamblers Anonymous 714-527-2251
- Hispanic Alcoholism Services 714-531-4624
- 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

—San Diego—

- Adult Children of Alcoholics 619- 287-7782
- Alcoholics Anonymous 619- 265-8762
- Al-Anon 619- 296-2666
- Co-Dependents Anonymous 619- 222-1244
- Compulsive Eaters Anonymous 619- 543-8961
- Gamblers Anonymous 619- 239-2911
- MHS, INC. 858-573-2600
- NCADD of San Diego 619- 685-6335
- 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 619- 819-7740
- Smart Recovery 858- 546-1100
- Suicide/Crisis Intervention 800- 479-3339

—Los Angeles County—

- Adult Children of Alcoholics 310- 534-1815
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- Al-Anon/Alateen 818- 760-7122
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- 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
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Boomers from page 1

respondents aged 50 to 59 participating in the 2002 through 2007 National Surveys on Drug Use and Health—the nation's premier national public health survey of its kind.

The full report is available on the web at <http://oas.samhsa.gov/>. For related publications and information, visit www.samhsa.gov.



From THE Heart

by Alan Cohen

www.AlanCohen.com

It's Your Baby

In a remote region of the Andes, two tribes were feuding. One tribe lived high in the mountains and the other in the lowlands. One day the highlanders raided the village of the lowlanders and kidnapped a baby. The next day the lowlander tribe assembled a rescue team to climb the mountain to find and retrieve the child. But the lowlanders did not know the trails and they were not skilled at mountain climbing. They struggled to make their way up the mountain, but after a half day of climbing, they could not ascend anymore. Discouraged and disappointed, they packed their gear to return.

Suddenly, to their amazement, the rescue team saw the baby's mother coming down from the mountain, holding her baby in her arms. Baffled, they asked her, "How were you able to scale this steep mountain and rescue your child, when we were unable to do so?"

She answered, "It wasn't your baby."

Motivation and Intention

If you want something enough, you will find a way to do it. If you are not very motivated, you will either not attempt to reach a goal, or if you do your efforts will be half-hearted and you will attain no measurable results. Motivation and intention are far more significant elements of success than circumstances.

Do not assess your possibilities on the basis of the beliefs or unsuccessful efforts of people less motivated than you. Their results are less a function of reality, and more a result of their beliefs and intentions. Nor do you need their permission to do what you want and need to do. The mother who retrieved her child did not ask the search party if the mission was possible nor did she request their permission. She just knew what she needed to do and she did it.

The compelling documentary *Man on Wire* chronicles the brazen feat of Philippe Petit, a visionary circus performer who, in 1974, strung a wire between the two towers of the World Trade Center and, without asking anyone's permission, walked between the skyscrapers eight times. Petit and several cronies planned the stunt for years with an Ocean's 11 level of craftiness and detail. They cased the World Trade Center for months, fabricated phony I.D.'s to gain access to study the building's design, found an inside agent in whose office they stored their equipment, and hid overnight under a tarpaulin with guards walking past them just feet away. At one moment a guard saw the intruders scaling a back staircase with their equipment, but for some odd reason he overlooked them. Once atop a tower, they shot an arrow across the 200-foot span to begin to secure the 450-pound wire. While Petit's feat was extraordinary, what it took to pull it off seemed even more astounding. After his tightrope walk Petit was arrested for trespassing, but he was released when he agreed to put on a show for kids in the neighborhood.

How could Petit get away with such a Mission Impossible?

The answer is simple: It was his baby. He conceived the idea in the waiting room of a dentist's office, where he read a magazine article about the planned construction of the World Trade Center. When he saw the sketch of two towers looming 1368 feet over Manhattan, the idea grabbed him

"Quit trying to do something, and let something do you. There is a Power in the universe seeking to express through you. If you let it, doors will open that you could not imagine how to open yourself."

and would not let him go until he accomplished it. Petit ate, drank, thought, slept, and dreamt the idea for years. That's what a vision baby feels like.

You, too, have a baby you love and believe in. It may not be as outrageous as Philippe Petit's, but it is life-giving to you, and bigger than your history or fear. It speaks to you in your quiet moments and stirs you when you think about it. You are hungrier for it than safety, comfort, or the status quo. That's the depth of cry of your baby that will drive you to fetch it.

A young man asked Ernest Hemingway, "Should I become a writer?" Hemingway answered, "If anything can stop you, let it." If other people's opinions, or scientific data, or fear can put you off from retrieving your baby, don't even bother starting the climb up the mountain. But if you care less about what others think and more about what you feel, start your journey. If adversity does not put you off, it will strengthen you. If old friends fall away, you know you are on the right track. When new ones show up, you have a confirmation. And if you need no recognition from the world, but simply take deep reward from your adventure, it is worthy indeed.

Les Brown said, "Wanting something is not enough. You must hunger for it." Wayne Dyer echoed, "Motivation is when you take hold of an idea. Inspiration is when an idea takes hold of you." Quit trying to do something, and let something do you. There is a Power in the universe seeking to express through you. If you let it, doors will open that you could not imagine how to open yourself. Your goal may seem mountain high to accomplish, but if you love your baby enough you will find a way to bring it home.

Alan Cohen is the author of many popular inspirational books, including *The Dragon Doesn't Live Here Anymore* and *I Had it All the Time*. Join Alan this November 8-13 in Sedona for a life-changing retreat, "The Opportunity Before You." For more information on this program, Alan's free inspirational quote program, or his daily *Wisdom for Today* lessons via email, visit www.alancohen.com, email info@alancohen.com, or phone 1-800-568-3079.

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Most People Over estimate Self-Control, Researchers Find

A new study from the Kellogg School of Management concludes most people have too much faith in their own ability to resist temptations such as drugs, sex, and greed.

Researcher Loran Nordgren and colleagues cite a "restraint bias" that causes people to overestimate their willpower and increases the risk of engaging in addictive or impulsive behavior. A series of experiments to gauge impulse control included testing the willpower of smokers to abstain after watching a movie about smoking.

"People are not good at anticipating the power of their urges, and those who are the most confident about their self-control are the most likely to give into temptation," Nordgren said.

"The key is simply to avoid any situations where vices and other weaknesses thrive and, most importantly, for individuals to keep a humble view of their willpower."

The study will appear in an upcoming issue of the journal *Psychological Science*.

Disturbing Trend in Female DUIs

Women in the U.S. are drinking and driving drunk more, experts point out in the wake of a drunk-driving crash in upstate New York where a mother and seven others died.

The Associated Press reported Aug. 6 that while most drunk drivers are men, DUI arrests among women rose 28.8 percent between 1998 and 2007, while such arrests declined 7.5 percent among men.

Some of the rise in arrests of women could be attributed to police being less inclined to look the other way when females are pulled over. But Chuck Hurley, CEO of Mothers Against Drunk Driving, said, "Women are picking up some of the dangerously bad habits of men," and Chris Cochran of the California Office of Traffic Safety added: "Younger women feel more empowered, more equal to men, and have been beginning to exhibit the same uninhibited behaviors as men."

In the New York case, driver Diane Schuler was legally drunk and had marijuana in her system when her van plowed head-on into another car while driving the wrong way on the Taconic Parkway. The victims included Schuler, her two-year-old daughter, three nieces, and three men in the car she struck.

"We realized for the last two to three years, the pattern of more female drivers, particularly mothers with kids in their cars, getting arrested for drunk driving," said Tom Meier, director of Drug Prevention and Stop DWI for Westchester County, where the crash occurred.

"Drunk drivers often carry their kids with them," said Hurley of MADD. "It's the ultimate form of child abuse."

This year, the U.S. Transportation Department's annual crackdown on drunk driving will focus on women. "There's the impression out there that drunk driving is strictly a male issue, and it is certainly not the case," said Rae Tyson of the National Highway Traffic Safety Administration. "There are a number of parts of the country where, in fact, the majority of impaired drivers involved in fatal crashes are female."

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Budget Crisis from page 1

Many women with children in sober living get job training through CalWorks, the state's welfare-to-work program. They also gain access to Medi-Cal health insurance through the CalWorks program. Unfortunately, the new budget will cut funding for CalWorks by \$510 million.

In another devastating blow to vulnerable, low-income women, the governor cut \$20.4 million from nearly 100 domestic violence shelters and services centers across the state, putting women and children at increased risk of continued physical and emotional abuse. These programs serve as critical entry points into long-term supportive housing, as well as addiction and mental health services. Because of these funding cuts, many domestic violence shelters have no other choice but to shut their doors permanently.

State lawmakers decided to cut \$144 million from the state's Healthy Families program, which provides health insurance to California's neediest children. The governor axed an additional \$50 million from the program in a line-item veto. These decisions mean that more than 900,000 children will become uninsured in the next year, bringing the total number of uninsured California children to 1.7 million.

Taking health insurance away from children may have far-reaching effects in our communities. As many parents already know, young children often bring home colds and other infections from school. In sober living houses for women with children in daycare centers or schools, it is easy to spread a cold or flu. The United Way of California has pointed out that

children are one of the primary carriers of swine flu. Cuts to the Healthy Families program could lead to a more rapid spread of swine flu through the population when school starts this fall.

What We Want

Sober living home owners are not asking for government handouts. All they want is that their residents have a safe place to call home while they begin the good work of rebuilding their lives – and, if they have them, the lives of their children. Even in healthy economic times, spending on services for people with addiction and mental health problems is far from adequate. There are supposedly 10 lobbyists for every lawmaker in Sacramento. Alcoholics and addicts don't have much political clout, and they don't have the money to pay lobbyists to represent them.

The whole point of the health and social safety net is to be there during the times when it's most needed – like right now. With widespread unemployment, we need public programs to ensure that people living on the edge don't completely fall into the abyss. These programs not only help reduce needless human suffering – they reduce financial costs in other areas of our lives. The likely benefits of effective addiction treatment and aftercare support such as sober living homes include reductions in crime, homelessness, domestic violence, and lost productivity. The safety net system is essential for vulnerable populations, but it's also good for taxpayers, because it costs much more to help people out of the abyss than to prevent their fall in the first place.