ENDOCARDITIS: A SERIOUS HEALTH RISK OF ADDICTION

By John Giordano, Doctor of Humane Letters, MAC, CAP

FREDDY FENDER, ANGOLA, AND THE WAR ON DRUGS

By Maxim W. Furek, MA, CADC, ICADC

EMPOWERMENT: HOPE, HEALING AND RECOVERY IN WOMEN’S HEALTH

Heather Howard, MSW, Ph.D., LCSW

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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 as well as distributing to schools, colleges, drug court, coffee houses, meeting halls, doctor offices and more. We directly mail to treatment centers, parent groups and different initiatives 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.

If you are experiencing any of the above, 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.

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Sincerely,

Patricia
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ENDOCARDITIS: A SERIOUS HEALTH RISK OF ADDICTION

By John Giordano, Doctor of Humane Letters, MAC, CAP

In her youth, Emily was an exceptional young woman. She was an A+ student with big goals and loads of ambition. When she wasn’t studying, you’d often find her participating in her favorite activity, sports. Even as competitive as she was, Emily never spoke a harsh word to her challengers; in fact, quite the opposite. Emily had a bubbly personality with such a positive outlook on life that people just seemed to gravitate towards her.

But there was another side to Emily that most outsiders never saw. As Emily got older, she began showing subtle signs of anxiety and depression. Nothing over the top mind you; but just enough to concern her mother. As popular as Emily was, she didn’t develop any close relationships with her friends. She all but stopped going to school functions and other social interactions with other kids her age in favor of staying home and studying.

Emily’s mother became so concerned at the beginning of her senior year that she took her to their general practitioner seeking his professional opinion. After speaking with both of them, their doctor told Emily’s mother that this very well could be a phase she was going through caused by the stress of school and getting accepted at a good college. He told her to keep an eye on it and if her behavior got worse in the next few months to contact him. This was a relief for Emily’s mom who started to think she might be a tad over protective of her daughter.

Life went on pretty normally for their middle-class household until the fall when Emily was off to college. Dorm life forced her into a social setting she wasn’t accustomed to. A new friend from her floor offered her a pill to help ‘take the edge off.’ Emily’s life changed the split second she swallowed the opioid painkiller. It masked her anxiety and depression while taking away her inhibitions. She found herself seeking out bigger dosages and began shooting up heroin by midterms. Emily dropped out in her second semester.

Emily abused drugs for nearly ten years before she found recovery. Unfortunately her story is way too common today. Bright kids with a terrific future and no drug or alcohol abuse history lose everything in no time at all to addiction. Yet for all the trials and tribulations these addicts go through to get to recovery, many find their greatest challenges lie ahead.

By the way, Emily is a composite character made up of several women I’ve treated over the years. I chose this style so that I could show you the depths of addiction.

It’s no secret that drug addiction wreaks havoc on the human body. The deadly toxins inherent in drugs damage nearly all our organs and systems. They impair enzymes that are critical to a countless number of bodily functions, can inhibit or mimic hormones and compromise the immune system. The human body is an incredible machine in that it has the ability to detoxify itself. However, if someone is heavily toxic, for example a drug addict, the body’s ability to detoxify itself becomes compromised from the overload; requiring treatment.

Drug addiction also robs the body of life sustaining nutrients. By far, most addicts’ diet consists of heavily processed foods when they eat at all. This lifestyle combined with the toxic nature of drugs causes damage in the gut so that it can’t absorb the nutrients in food the way it’s intended. Fortunately, a good vitamin routine can help alleviate many of these issues.

In addition to these life-threatening conditions resulting from drug addiction, addicts face an even greater peril than once thought. Independent studies have shown an increase in virulent viral infections that, from all outward appearances, seems to be a direct correlation to the steady increase in drug abuse.

HIV, STDs, hepatitis, endocarditis and other viral infections are becoming way too common among addicts. These potentially deadly viruses are spread mainly through unprotected sex and/or shared dirty needles. I saw a global statistic not long ago that was very revealing. On average, one in ten new HIV infections are caused by the sharing of needles.

Most of these infectious diseases are on peoples’ radar with the exception of endocarditis. I think it is safe to assume addicts and their loved ones are aware of the stress drugs put on the heart. However, endocarditis can be the more deadly disease.

There was a study published last spring and reviewed by Dicardiology dot com in the May 14, 2018 issue that revealed a staggering static. The number of patients with endocarditis that were hospitalized dramatically trended upward over the last ten years. As you might have already suspected, the upward trend on a graph looks remarkably similar to that of the increase in mixed drug use.

Make no mistake about it; endocarditis is a life-threatening and hard to treat condition. The bacteria can destroy heart valves and spread to other parts of the body. The Centers for Disease Control (CDC) is on the record stating that addicts with endocarditis who inject drugs have a disproportional chance of recovery. Their research shows addicts are 10 times more likely to die or require a second surgery within months after initially leaving the hospital when compared to other patients.

There are two types of endocarditis, acute and subacute. Depending on which type, the damage to heart valves can be swift and severe or slower and less dramatic. Acute endocarditis is the result of aggressive skin bacteria, commonly staphylococcus, entering the bloodstream. It immediately multiplies while attacking heart valves. This type of endocarditis can be fatal in less than six weeks.

Conversely, subacute endocarditis can remain undetected in the system for months, all the while attacking heart valves. Subacute is caused by bacteria commonly found in the mouth and throat (streptococci, streptococcus sanguis, mutans, mitis or milleri). The symptoms are non-specific and hard to detect. They can persist for weeks and even months.

That being said, all of these viral infections and other associated addiction related health issues make a strong argument for public safe injection sites, also known as supervised injection sites, for heroin and other drugs. Domestically it is considered a bold idea, yet several countries and cities in Canada, Australia, and Europe have gone this route and with great success. New York City, Philadelphia,
We’ve all heard the quip, “It’s all in the timing,” but for Tex-Mex singer Freddy Fender, his timing couldn’t have been worse. Early in his career, he was trying to perfect his blend, his melodic blend of rockabilly and Tejano, in the blues ballad “Wasted Days and Wasted Nights.” Then, things turned on that proverbial dime as his life turned into a nightmare.

Fender and his bass player were arrested in Baton Rouge, La., and convicted of possession of two marijuana cigarettes. At age 23, he was sentenced to five years in the Louisiana State Prison at Angola, his fledgling career, and potential hit song dead.

Built on the former Angola plantation, the prison is nicknamed ‘The Alcatraz of the South.’ The largest maximum-security prison in the U.S., it houses 5,000 prisoners under the watchful eyes of 2,000 corrections officers. Eighty six percent of the inmates are violent criminals and fifty two percent are serving life sentences.

It has been called “the worst prison in America” by Collier’s Magazine. Shackled inmates toil long hours under a broiling southern sun on 18,000 acres of farmland. Brooke Shelby Biggs of Mother Jones reported that men who had lived in “Red Hat,” the most restrictive housing unit, “told of a dungeon crawling with rats, where dinner was served in stinking buckets splashed onto the floors.”

**The War on Drugs: Circa 1971**

Angola, and other prisons, played a role in the battle against American drug users. First Lady Nancy Reagan promoted the ‘Just Say No’ campaign, but the so-called ‘War on Drugs,’ was actually begun by President Richard M. Nixon. On June 17, 1971, he announced $155 million in new funding for what he called “the war on drugs.” The program initially proposed a “balanced approach.” Two-thirds of the funds were to be earmarked for rehabilitation and treatment; a third would address drug traffickers.

But Nixon’s “balanced approach” was toppled when the Anti-Drug Abuse Act of 1986 mandated tough federal prison sentences for everyone from large-volume dealers to low-level couriers. These mandatory minimums left no leeway for judges to consider the circumstances of a crime before prescribing prison terms. The Anti-Drug Abuse Act was aimed at the dramatic rise of crack and related street violence. Drug offenses involving crack, primarily used by blacks, were punished 100 times more severely than those involving powdered cocaine, used primarily by whites. Decades later, incarceration for drug offences continued to increase at the expense of treatment and rehabilitation.

The Global Commission on Drug Policy called the War on Drugs a costly failure “with devastating consequences for individuals and societies around the world.” Initiated over forty years ago, the program has cost over one trillion dollars. One immediate result was the huge gap between crack and powder cocaine arrests leading to incarceration of African Americans at an alarming and disproportionate rate.

The failed War on Drugs has filled our prisons to capacity and the United States has a higher proportion of its population --- 2.5 percent --- labeled as felons and imprisoned than any other country. These include numerous marijuana users in the wrong place at the wrong time, usually minorities and those in poverty. Florida is a striking example as 10.4 percent of its population have been labeled as felons.

When the Fair Sentencing Act of 2010 was signed, it reduced the sentencing disparity from 100 to 1 to 18 to 1. Rep. Ron Paul of Texas stated that the number of minorities arrested and incarcerated is “way out of proportion” with those who actually use drugs. Similarly, ACLU senior legislative counsel Jesselyn McCurdy stated, “the most important thing that we also know is that African-Americans are not the majority of users of crack cocaine.” He further elaborated, “Although they are the majority of people who are sentenced under the crack cocaine laws … European and Hispanics are the majority of users of crack cocaine.”

In 2011, New Jersey Gov. Chris Christie (R) addressed the war on drugs saying, “we need to do much different and much better than what we’ve done.” Christie panned typical drug-enforcement tactics as ineffective and promoted often-controversial alternatives like treatment. “I don’t believe the only weapon we use against the drug problem is incarceration,” he said. “I just don’t think it’s worked. And I think we see it over and over again that there’s evidence that it hasn’t.”

Christie touted his state’s drug court program, which provided 1,400 nonviolent offenders with options for treatment and drug testing. He said that the court’s treatment program cost the state only $11,000 per person instead of the $39,000 required to jail each offender.

The New Jim Crow

Civil rights advocate Michelle Alexander argued in her 2012 book, The New Jim Crow, that America’s War on Drugs disproportionately affected African-Americans, producing new discrimination comparable to that of the Jim Crow laws. She concluded that, by treating black criminals more harshly than white criminals, the criminal justice system functions as a modern-day system of racial control, relegating millions to a permanent second-class status and decimating communities of color.

Some of this is about to change. Baltimore State’s Attorney Marilyn Mosby has filed a rarely used legal petition intended to vacate 3,778 convictions for possession of marijuana, arguing that an extraordinary legal strategy is necessary to “right an extraordinary wrong.” Mosby’s arguments are based on what she views as an opportunity to achieve retroactive justice by acknowledging racial disparities in how marijuana possession cases over years were policed and prosecuted.

Continued on page 18
Beachway Therapy Center’s clinical campus comprises individual therapy offices, large group rooms, an arts and music studio room, and a modern cafeteria where clients can relax and enjoy lakeside views. Every aspect of our facility’s design has been developed to promote comfort and serenity, leaving clients free to focus on the work of recovery and healing.

First Step is a detoxification center providing personalized care and assistance for patients dealing with various types of substance abuse.
I believe that the best chance an individual with a use disorder has to survive and thrive comes from the healthy involvement of their family in the recovery process.

Of course, not everyone agrees. In today's throw-away culture, struggling loved ones are often cast aside as non-productive or not carrying their weight, or an embarrassment to the family. In fact, the words, “Get rid of them” are commonly spoken upon hearing a story a parent or spouse tells about the problems their loved one's using is causing the family. And when the family buys into the stigmatizing approach of kicking out family members caught up in substance use disorder, the fabric of society begins to shudder, with reverberations far and wide.

My family was touched by SUD and specifically opioids many years ago, when I was a newlywed. Yes, I married a wonderful man who was also a man with an active Substance Use Disorder. And, I knew it was active when we met. Along the way to our engagement and subsequent marriage, friends and family told me to run.

"There is no future in it," one said.

“You can do better,” said my mom.

“Let him down easy,” my dad added. “After all, he is such a nice guy.” But I wouldn’t hear anything of it. I was young and in love. I was in Al-Anon. I could surely handle this man’s problem.

Truthfully, I had no idea what I was getting into.

Six months and many tear-filled nights later, I watched my new husband deteriorate right before my eyes and I thought, “What on earth have I gotten myself into?”

I would go to Al-Anon meetings where the other young people in the meeting were all separated or divorced. At this point, they told me to get out before it’s too late. I was starting to question my own resolve.

Every day I played the mind game of “Should I stay or should I go?” A friend shared a calendar exercise with me that I adopted and still teach to my clients and students to this day. It was life changing - especially back then, when we had paper calendars.

I wrote “How are things now” on the calendar after every three-month period and committed to not leaving, not questioning my commitment daily anymore....and hoping to last at least a year...

That exercise showed me that time mattered. Right before my eyes, my husband was getting worse and worse and the people in my support group told me there was nothing I could do to help but take care of myself and get the heck out.

“Could that be true?” I asked myself.

I couldn’t wait it out.

As an educator, I was curious and sure there was an answer in there somewhere. As a person who believed in the loving message of the original Al-anon members, I was sure they wouldn’t have left their husbands. But I also knew that if things didn’t change in my home, I would eventually have to leave.

Then I found it. A little book from the original Alanons about married life with a person whose drinking was out of control.

Written in the 50’s, it was outdated in so many ways, but I found a treasure buried in that book that became the basis of a way of life that one day turned into a career path for me.

The book had a chapter that told a story of a woman whose husband would go out drinking nightly after work and often not return until 11:00-12:00. Meanwhile, she would cook and have dinner ready every night at 6 and sit down and wait for him to eat it.

Her evenings were filled with tears, resentment, boredom, and worry as every night was the same: a cooked meal gone cold, a husband not appearing until very late, a plate of food thrown out, and screaming and yelling at the drunk (her husband) who appeared at the door way beyond bedtime.

Then, one day she found Alanon. She went to her first meeting and learned so much about how to take care of herself. Every evening she made dinner, put his plate in the fridge, went to a meeting, came home and went to sleep.

He would come home and shake her in her bed.

“Are you all right?” he would ask.

“Yes dear. Just sleeping,” she would respond before turning over and going back to sleep.

One morning he asked, “What is going on? Why have you changed?” She responded. “Honey, I was so wrong. I was yelling and berating you for doing what you enjoy every evening instead of finding something meaningful for me. I have learned my lesson and won’t do that again.”

Within days, her husband started coming home for supper and soon they were going to meetings together, she to Alanon and he to AA.

That story inspired me greatly. The next time my husband went into a panic because his drugs didn’t arrive in the mail, I watched his reaction without interfering. I watched him take the bottle of alcohol (not his drug of choice) that had been in the cupboard since our wedding and guzzle it down.

I said nothing as he went to the bedroom, threw up everywhere and passed out.

After making sure he was still alive, I simply went to sleep in the den. The next morning, he was shocked.

“What happened here?” he asked.

I explained that I had seen him not get his drugs, drink down the bottle, throw up and go to sleep.

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MY NAD+ STORY

In January of 2018, at the age of 44, I was coming to the end of a 6-month long drug and alcohol binge that ended in an attempt on my own life. I’d struggled with addictive behaviors and self-medication for more than 20 years, checked into treatment more than 30 times, and I’d even checked into jail more than once. I was dying. Quickly. I was scared.

My family began looking for other options. My life began to change the day they found NAD+. Two weeks later, in late January of 2018, I traveled to the Bridgeway Institute in Pensacola, FL and received 10 days of IV NAD+. To put it simply, NAD+ restored my brain functioning (after 20+ years of opiates and cocaine) to a level at which I could make better choices and be open to a message of hope/worthiness—put in a way an individual experienced with addictive behaviors/attempts at sobriety can quickly grasp—after 10 days of NAD+, I had the mental clarity/state of mind equal to about 6 months of continuous sobriety. (NAD is a communication molecule) It may not sound like much, but those who would understand—they certainly do understand.

Looking back on it, I was being asked to give what I simply didn’t have—the ability to make a better choice. My brain was compromised. Hijacked. The intensity of the cravings I experienced for crack cocaine specifically...they were simply unstoppable at times. I was literally enslaved to cocaine. And then...I wasn’t. I was able to manage cravings and take charge of defining and implementing my own recovery.

The last year of my life has been an amazing journey. I had to come to terms with the fact that all the drugs and chaos weren’t the problem. Of course, they weren’t. I would tell you they were. But they were only symptoms. What I didn’t want to address is the source. The real issue.

I am a survivor of childhood sexual abuse. I am no longer a victim of it. I truly hope you know how empowering it is for me to type that. To own that, in this forum. And that started with NAD+. I was finally able to change my mind via a simple shift in perception. The instant I changed my mind, my life changed. The “work” required to recover became the reward in and of itself.

Today, I have purpose—helping others. I am very blessed to have aligned my wants and needs. I share my experiences on NAD+ and Bridgeway Institute, and I get to see people transform their lives in various and unique, purpose-driven ways. If you’re reading this, it’s not happenstance. My hope is that you do your own research and then contact me at the number/email below, or contact one of the clinics directly.

Chris Johnston
February 19, 2019
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DEFYING THE SOFT BIGOTRY OF LOW EXPECTATIONS

By Andrew Burki, MSW

My name is Andrew Burki and I’m a person in long term recovery who hasn’t found it necessary to take drugs or drink alcohol since December 5, 2001. I’m the product of recovery and the product of treatment in South Florida. On March 9th, I have the privilege of returning to South Florida and speaking for SUD Talks at FAU in Boca Raton. It’s a special place for me as it’s where I finally experienced a successful recovery and subsequently attended college. Now, you may think that this is another article about one of us overcoming our struggles with drugs and alcohol and triumphing in our recovery—it’s not.

This is an article about my parents and all the parents out there struggling with addiction in their own families. If you are the parent of one of us … this article is about you. This is an article about what it’s like to have access to real treatment, a full continuum of care, and be fortunate enough to come from a family with sufficient resources to ensure I had opportunity after opportunity to succeed in my recovery or die trying. This is an article about the utterly unacceptable and inequitable disparity in access to care that we have in this country for families, like mine, fighting to save a child with a substance use disorder and the broken system that offers barriers rather than assistance to desperate Americans in their darkest hours. This is an article about how we, as a society, leave it to our devastated parents to believe in their children’s ability to recover and build meaningful lives for themselves, amidst legal and healthcare systems that prejudicially push those same children toward failure, incarceration, and death with the soft bigotry of low expectations and a preconceived notion that those children are not worth wasting any effort on in the first place.

While we have nationally seen a steady increase for over a decade in the number of parents who have had to bury their children as a result of substance use disorders, we have also seen a steady withdrawal of support for those same individuals and families while they’re still fighting. In the public sector, we have seen agencies asked to treat an ever-growing number of individuals in need with the same or less resources year after year. In the private sector, we have seen abysmally short and woefully insufficient treatment episodes provided and even the draconian implementation by some insurance providers of “fail first” policies, which should more accurately be titled “please die quickly so we don’t have to fulfill our obligation to your parents” policies. Our national and state governments have talked for a decade without making any scale appropriate or meaningful move to address the crisis or even enforce the parity laws passed over 10 years ago to prevent this exact problem from occurring. The sum of all of these human rights violations has created an environment in which hurricane scale national issues are dumped on individual families to fight out and win on their own … or mourn if they cannot.

Now, you may be thinking that this assessment of the situation is exaggerated, but I assure you it is not. Alcohol and opioid deaths in the United States alone now account for the equivalent of one third of the population of Miami dying every 12 months. We’ll lose more Americans in the next 8 months than live in the entire city of Boca Raton. Just the one fact alone that our first responders are empowered to step in and save the life of one of our citizens whom they perceive as at risk of committing suicide with a 72 hour lock down stabilization, but are themselves metaphorically handcuffed when one of us literally dies and they have to resurrect us with lifesaving medication, but can’t get us any form of mandated care, should give all of America pause. How is it that we live in an America where actually killing yourself with an opioid overdose doesn’t constitute self-harm and will get you less help than putting a cigarette out on your arm does? How can we possibly expect families to solve that level of behavioral healthcare problems when entire hospitals full of doctors and nurses are rendered impotent to even slow the death count under our current system? Can you imagine an America where thousands of citizens with the same treatable health condition are pushed out of emergency rooms without help and were dead within days and in some cases hours? Would we not be pulling hospital and doctor licenses left and right over such malpractice?

Which brings us to the parents. Perhaps it’s time for us to start listening to some of the parents and the help for which they are begging. When a parent says, “My son is shooting fentanyl and can’t make rational decisions, I need you to come save his life.” Maybe we should listen to that cry for aid and send a police officer over with a functional warm handoff system in place so that same parent isn’t visiting their child at the local cemetery next month. When a parent says, “My daughter has so much potential, if we could just help her build a life worth staying in recovery for.” Maybe we should build our treatment systems to accommodate those young adult specific needs and build subacute care support systems like collegiate recovery and recovery high schools to support the family recovery process beyond treatment. And maybe, just maybe, we should listen to families when they say, “Please, I need help. I literally can’t afford to save my kid’s life” and build an equitable system that no longer allows unethical and illegal insurance payer denials, or depth of a parent’s pockets to be the determining factors in which kid gets to recover, grow up, and speak at the university in which treatment and recovery gave him access to, which kid goes to prison for the exact same treatable health condition, and which kid goes to the morgue.

Andrew Burki is the Founder of Life of Purpose Treatment and Director of Public Policy for City Line Behavioral Healthcare Group. www.loptreatment.com
I went to my first Alcoholics Anonymous meeting long before I was an alcoholic. On a summer evening, when I was in my 30’s, after dinner with my parents at their house in Westchester, my father suggested that I keep him company at one of the meetings he was going to every night. He had been sober a few months after spending 28 days at Smithers, a New York City rehab. In that short time, our family had come alive again. There were no more drunken fights and taunts, no more Daddy passed out in the living room, no more delirium tremens, and no more scary late-night racing to the local hospital ER. (My brothers and I were stealing the signs in the hospital parking lot, expressing our grief as larceny; we agreed that when he died, we would steal the largest one—the big red-and-white “One Way” arrow.)

The AA meeting that summer night was at a long wooden table under high windows in the parish house of the local Presbyterian church. As the last daylight faded, I listened to people I had never seen in my life talk with startling honesty about their problems and their feelings. One handsome man in a suit and tie confessed that he was afraid of what his son might be up to at college; another man was worried about his marriage because his wife had gotten a job and seemed to have lost interest in the household. The woman next to him talked about her anger at her boss who seemed to think she should be sexually as well as professionally available. Sitting next to me, my father confessed his fear that he might drink on an upcoming trip to Russia.

Somehow, I felt at home at that long table in a room that smelled of furniture polish and coffee. I raised my hand and thanked them all for helping my father. Even though I was not an alcoholic, I said, I had really enjoyed the meeting. No one argued; no one judged. The handsome man in the suit smiled in unconditional welcome. “Keep coming back,” he said.

That same sense of connection was present in the meetings I went to with my father in the ’70s, in the meetings I went to when I first got sober in the ’80s, and in the meetings I have been going to since 1992 when I had what I pray was my last drink, a glass of acid white wine. I have been to meetings in Vermont and California, Florida and New York City. Alcoholics often name meetings, and I have been to Jitters in Minneapolis, the Log Cabin in Los Angeles, the Dry Dock in San Francisco, Morning Glories in Cambridge, Mass., and the Shoes That Fit in Saratoga Springs.

In Vermont, AA members complain about snow removal, tree problems and balky oil burners. In Los Angeles they complain about the movie industry. In New York they complain about real estate. They all complain about their families.

Alcoholism and recovery are great levelers, and meetings can include Ivy League professors and high school janitors, housewives and homeless men, millennials trying to make it in New York City and men and women who knew Bill Wilson, the cofounder of Alcoholics Anonymous who died in 1971. A.A. meetings often welcome people who are drunk, and people with raging hangovers. If you want to stop drinking, you can be a member of A.A. There are famous actors and half-recovered alcoholics with uncontrollable tics, rich people who complain that AA won’t accept their money (there is a limit on annual giving) and people who are hoping that the meeting will end with someone paying for their dinner (it very often does).

Many meetings are held in grotty basements and dank church undercrofts where cockroaches roam and fluorescent lighting shows worn linoleum and patched folding chairs. It doesn’t matter at all. That sense of belonging with strangers that I first felt in the Presbyterian church parish house almost always hits me within a few minutes of walking through the rusty door. It’s more than the psychology of the group, and it has a power beyond what I feel in church on Sunday.

“The feeling of having shared in a common peril is one element of the powerful cement that binds us,” the book Alcoholics Anonymous explains in chapter 2, titled “There is a Solution.” “But that in itself would never have held us together as we are now joined.” The joining feels like magic. This particular magic, this freedom from anxiety, this temporary peace and feeling of belonging, is almost exactly what I looked for in the bottle when I was drinking. A drink could calm my mind and shift my perspective. A drink could make me feel at home in the world. In a dark bar I had what I thought was a deep and meaningful connection with the other drinkers—that is, I had it until the lights went on after last call and I wondered if I looked as drunk and shabby as they did.

The great psychologist Carl Jung famously explained to Bill Wilson that the only cure for alcoholism—the disease of drinking spirits—is spirituality. Only the spirit (spiritus) can conquer the spirits (spiritum). “You see, ‘alcohol’ in Latin is ‘spiritus’ and you use the same word for the highest religious experience as well as for the most depraving poison,” Jung wrote Wilson in 1961. “The helpful formula therefore is: spiritus contra spiritum.”

What creates this magical experience, this powerful, healing spirit, these “vital spiritual experiences” and “huge emotional displacements and rearrangements” that Jung described?

Clearly, it is not necessary to think you are an alcoholic in order to have this feeling of belonging in a meeting. Is it the spirituality of the group, the common prayers and litany, the shared relief of finding a way to stay sober? Is it the power of men and women with similar experience? Our stories are often very different, but we have all faced the same kind of despair.

It is all that and something more. As Bill Wilson wrote, “We have found much of heaven and we have been rocketed into a fourth dimension of existence of which we had not even dreamed.” A.A. meetings are where we find that fourth dimension of existence.

Susan Cheever is the author of 16 books including a biography of A.A. cofounder Bill Wilson, and most recently Drinking in America, which shows how alcohol changed the direction of American history.
EMPOWERMENT: HOPE, HEALING AND RECOVERY IN WOMEN’S HEALTH
Heather Howard, MSW, Ph.D., LCSW

This essay is about hope, healing, and recovery regarding women impacted by the opioid epidemic. It is not about blame, shame, or placing guilt on anyone or any system such as the pharmaceutical companies that created the drug, physicians who prescribed opioids for pain, drug cartels, or the person that finds herself enslaved to opioids. My goal is that you increase your knowledge in understanding the complexity of the opioid crisis, reflect upon other women’s journeys that have risen from the ashes, and become empowered to begin the journey toward recovery.

Personal
I was introduced to the negative impact of long-term opioid dependence when I was a young girl. My mother was diagnosed with Lupus, an autoimmune disease that causes chronic pain in 1976. After multiple tests—many invasive, and extensive hospitalizations—it was eventually managed with morphine. For most of my childhood, my mother was on morphine injections every few hours and then when her body rejected it intravenously, she began to take it orally. From a child’s perspective, I knew my mother was not herself when she was medicated with morphine. I knew there was something “not right” with the medication that was kept in a locked basement.

My mother was born in 1950 into a family with many secrets. These secrets my mother never shared with me. I am assuming she did not want to relive the horror she witnessed and experienced as a child and adolescent. Least of all share them with her children. Her mission was to protect and love her children from the emotional pain she experienced. I do know however, shared from some of her seven siblings, that her father had an alcohol use disorder, there was intimate partner violence, and emotional and physical abuse. In addition, her mother was a tireless nurse, head of the union in a city hospital and her eight children were often left to themselves by necessity. My mother, being one of the oldest and a girl, cared for her younger siblings. My mother was susceptible to having a dependence on opioids. She experienced childhood trauma and had a familial history of an alcohol use disorder. Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs). ACEs have been linked to risky health behaviors, chronic health conditions, and early death.

My childhood and adolescent upbringing are mostly filled with love and acceptance. I am one of the fortunate people who had a mother who loved and cherished me. She believed that I could and would accomplish anything and supported me through it all. She never raised her voice to me or insulted me. Actually, I never heard her use an unkind word towards anyone. She had the uncanny ability to accept all people and often would say, “If you don’t have anything nice to say, don’t say it.” She was also incredibly bright, intuitive, and sometimes too sensitive when someone emotionally hurt her. She was loyal, faithful, and thoughtful so she expected the same from others. When my mother became dependent on morphine and then fourteen years later on prescription opioids, these qualities were hidden. Rather instead, what was paramount, were fear, anxiety, anger, irritability, and sometimes a lack of joy. What I would later learn as a researcher and clinician is that opioids create a numbing effect, and later a false belief that it is the only coping mechanism to daily function. The use of opioids long-term can shift how we think of our capabilities, efficacy, and determination. It can cause disempowerment.

Professional
According to the American Psychiatric Association, opioid use disorder (OUD) is defined by the standard DSM-5 diagnosis as a problematic pattern of opioid use leading to clinically significant impairment or distress, occurring within a 12-month period. The incidence of pregnant and postpartum women with an opioid use disorder is increasing at an alarming rate. According to a recent CDC report, the number of pregnant women with opioid use disorder have quadrupled since 1999. Between 1999 and 2015, the rate of deaths from prescription opioid overdoses and heroin use increased twofold more often in women than men. A recent study in Massachusetts regarding fatal and nonfatal overdoses among pregnant and postpartum women demonstrated there was a decline of overdose rates during pregnancy and peak in the 7-12 months postpartum period. This has led to devastating consequences, including overdose fatalities, more newborns exposed to opioids in utero and experiencing neonatal abstinence syndrome, and mothers and children separated, sometimes permanently, through the child welfare and criminal justice systems.

Positive Coping and Recovery
It is my hope that women of childbearing age become more informed about their health and body and have tools to negotiate a complex system. With increased knowledge and understanding about the system, women will be emboldened and empowered to advocate for themselves and their children. In summary, the importance of understanding substance use disorders is essential in beginning the road to recovery. Addiction is a disease in which both the woman and her family suffer from the consequences of drug abuse and it is not intentional or deliberate behavior. To address the feelings of shame, guilt, fear, and despair it is important to reach out for help and support during the stressful time of pregnancy. Pregnancy is an opportunity to develop trustworthy and mutually supportive networks. It is the start of learning to find comfort in close, healthy relationships without the use of substances as a protective factor. The participants in the qualitative health study I conducted shared their knowledge based on their lived experience: Increase awareness and education about the potential of prescription opioid use disorder, have honest and directive communication between yourself and your health care providers, learn alternative methods for coping with pain, stress, trauma histories, and mental illness, listen to your body, and advocate and request formal information, such as informational literature to obtain comprehensive information regarding neonatal opioid exposure.

Self-determination
Where does self-determination originate? Is it something you can simply conjure at your beckoning? How do you find the strength to tell yourself “you can do it”? How do you take the first step to will yourself not to give up, to take a risk, to face the risk of failing? According to the psychological theory self-determination theory we need another information, such as informational literature to obtain comprehensive information regarding neonatal opioid exposure.
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SHOULD YOU STAY OR GO WHEN YOUR SPOUSE IS STRUGGLING WITH SUD? ONE PERSON’S DECISION
By Beverly A. Buncher, MA, PCC, CBC, CTPC
Continued from page 8

He asked why I didn’t clean it up.

I explained that I loved him and it was not my responsibility to clean up after him and besides, if I had, he would not believe that he had caused that mess!

That was a turning point in our home. One day soon after, I came home from work to a letter from my husband telling me he was sick and had decided to go to treatment. That day, my husband entered recovery and our beautiful life together began! (Please return next month when I will tell you how good it got, how everything fell apart and what happened then!)

Beverly Buncher is the author of the book BALM- The Loving Path to Family Recovery, the founder and creator of the online and in person BALM® Programs designed to help families become their loved one’s BEST chance at recovery. BALM Family Recovery Services include classes, groups, tools, coaching and an online community of learning and support that is accessible 24/7 to members. (Learn more at https://balmfamilyrecovery.com/find-recovery/) She is also the founder and Director of

The BALM Training Institute, which trains Life Coaches specializing in Family Recovery, and is the first and only International Coach Federation-Accredited Coach Training Program (ICF-ACCTP) to focus on recovery (Learn more at https://balmfamilyrecovery.com/become-a-coach/). You can also learn more about the BALM on Bev’s blog at https://balmfamilyrecovery.com/blog.
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San Francisco, Seattle, Denver, Ithaca, New York, and other cities across the US are strongly considering the program. At this juncture, I feel compelled to share with you that I am a firm advocate for abstinence. However, I’m also a realist. It has been my experience in the last nearly forty-years that if an addict is not ready for change, a team of wild horses can’t drag him or her into treatment. It’s just will not work. So taking that into consideration, supervised safe injection sites looks like a viable harm reduction option.

The concept is amazingly simple, yet it has the potential to deliver big results. The sites that I’ve seen and ones being considered are nothing fancy, but they are clean and provide sterile injection equipment. They’re also staffed around the clock with addiction trained professionals who can administer naloxone if anything goes awry. The staff is also available to discuss addiction treatment options if asked. The challenge American cities face is the Department of Justice has already taken a stand on the subject stating the harm reduction approach is illegal. This seems consistent with the ‘War On Drugs’ ethos of jail over treatment. However, we’re in the throes of the worst drug epidemic the world has ever known and desperately need a new perspective to guide a new approach. It’s painfully obvious to even the casual observer that the ‘War On Drugs’ is an abject failure and not worth pursuing any longer.

marijuana convictions in the country, including hard labor for certain convictions. In 2015, Governor Bobby Jindal signed into law two marijuana reform bills, including one aimed at reducing Louisiana’s draconian penalties for marijuana possession.

House Bill 149 reduced these penalties significantly by making the possession of less than 14 grams punishable by a maximum sentence of a $300 fine and 15 days in jail. Second offenses will be classified a misdemeanor, instead of the current felony, punishable by up to a $1,000 fine and six months in jail. Third offenses remain a felony, but the maximum penalty is reduced from 20 years in jail to only two and a fine of up to $2,500. Fourth and subsequent offenses remain felonies punishable by up to a $5,000 fine and eight years in prison, compared to current penalties of up to 20 years behind bars.

“Wasted Days and Wasted Nights”

Freddy Fender became an unlucky victim of the War on Drugs. After serving nearly three years in Angola, he received an early release through the intervention of then-governor Jimmie Davis, also a songwriter ("You Are My Sunshine") and fan of Fender’s music. He was paroled on the condition that upon his release, he stay away from the corruptive influences of the music scene. However, in a 1990 NPR interview on Fresh Air with Terry Gross, Fender explained that the condition for parole was to stay away from places that served alcohol.

After his parole ended, Fender attempted to resurrect his career, but with the exception of a few scattered nightclub gigs in the New Orleans area, he found little success. Lady Luck finally knocked on his door when “Before the Next Teardrop Falls” became a major hit, and his career was rejuvenated. With the help of record producer Huey P. Meaux, Fender re-recorded “Wasted Days and Wasted Nights.” This time, the song became a major pop and country hit, topping the Billboard Hot Country Singles chart in August 1975.

The song was certified gold (sales of 1 million units by the Recording Industry Association of America), just as his life was unraveling. Fender, addicted to alcohol and drugs, entered a rehab in 1985. Plagued by ongoing health problems, he struggled with diabetes and hepatitis C and received a kidney transplant and, two years later, a liver transplant. The Mex-Tex singer died of lung cancer in 2006 but will always be remembered for his musical contributions, and for the War on Drugs that sent him to the Angola prison.

Maxim W. Furek has a rich background that includes aspects of psychology, addictions, mental health, and music journalism. His book The Death Proclamation of Generation X: A Self-Fulfilling Prophecy of Goth, Grunge and Heroin explores the dark marriage between grunge music and the beginning of the opioid crisis. Learn more at shepptonmyth.com

EMPOWERMENT: HOPE, HEALING AND RECOVERY IN WOMEN’S HEALTH

Heather Howard, MSW, Ph.D., LCSW

or even a child to encourage, support, and believe in us. If you are isolated and do not have any human connections, reach out to a health care provider or peer support who you find trustworthy.

Have you ever found yourself in the position as feeling less than? Not fully human? Incapable of change? These are lies that maybe you heard as a child? Perhaps they are lies that you are telling yourself. What are your dreams? What brings you peace? What makes you smile inside? This is where you can begin. Imagine yourself fulfilling your dream, finding peace, smiling again. Now write it down. Congratulations you have just began your healing journey, your recovery from substances that are blocking your growth.

Dr. Howard is an Assistant Professor at the Phyllis & Harvey Sandler School of Social Work at Florida Atlantic University. http://cdsi.fau.edu/ssw/people/heather-howard

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