The Grip of Gambling

By Bobbie McGinley, MA, MBA, LISAC, NCGC II, BACC

“I t’s like crack, only gambling was worse for me, because it’s mental,” said a 37 year-old professional woman from New York. “It creeps up on you, the impulse. I lost my law practice, apartment and parents’ home, and owe the IRS back taxes.” This young woman even considered swerving into oncoming traffic to kill herself. She put everything she had towards her gambling habit and lost everything.

In 2019, a Canadian man filed a lawsuit suing a casino for allegedly letting him lose more than $260,000. He stated the casino took advantage of his status as a compulsive gambler. “Each time he made a bet, he chose the amount of money he wanted to play in full knowledge of the risks associated with that wager,” defense lawyers said in a statement.

Obsessed with winning a gambler no longer thinks clearly. They’re in the grip of such a powerful mental obsession, they can’t discern between right and wrong. They bet their paychecks, mortgage their home and sell valuable possessions for money; borrow from family, friends and loan sharks; embezzle from their workplace, steal from the kids’ piggy banks, cash in bonds and retirement savings, max out credit cards and can still deny there’s a problem. In extreme cases, there is nothing left for food, clothes, rent or mortgage payments. Families can go without the basics.

What is Gambling?
Gambling means to play for money or property; to bet on an uncertain outcome; to stake something on a contingency: take a chance; or placing something of value at risk for the chance of obtaining something of greater value. It can become an addiction.

While the term addiction usually applies to the use of mind-altering substances, in recent years, there has been a better understanding of non-substance related addictions. With these conditions, there is an overriding desire to engage in a range of behaviors, even when significant risk presents.

Few gamblers see how their behavior contributes to their mounting problems. The constant inner tension a compulsive gambler lives with is crushing. Many drink in an effort to reduce this tension. Many “blow up” to relieve the pressure.

They are masters at blaming external circumstances and other people for their troubles — often a spouse or significant other is a prime target for blame. Living with a compulsive gambler is like walking blind in a minefield, never knowing when you’re going to step on a bomb. Family and friends never know from one day to the next what a gambler’s mood and temper will be, and they live in fear.

Sometimes rage leads to verbal abuse: name calling, harsh criticism, and out-of-control yelling. After the storm has passed, the gambler is always very sorry, and promises never to do it again. Then a few normal days follow — until the next time, there’s always a next time.

Symptoms and Signs
Without knowing the symptoms and signs of this disorder, someone may not realize the entire impact gambling is having on their life. Not all gambling is addiction. There are those who can and do play responsibly.

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) list’s criteria for every recognized mental health disorder. For gambling addiction, the criterion begins with “persistent and recurrent” gambling behaviors that have been problematic and result in significant distress. If a person agrees this is true for them, they can move to the next nine symptoms.

Behaviors
• Need to gamble more often with larger amounts of money to find the desired level of thrill and enjoyment.
• Feel restless, irritable, and uncomfortable during these attempts.
• Make repeated, unsuccessful attempts to cut back, end, or control their gambling.
• Feel the need to get even after a loss by attempting to win back money.

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“Obsessed with winning — a gambler is no longer thinking clearly. They are in the grip of such a powerful mental obsession they can no longer discern between right and wrong.”
Humble, Teachable and Accountable

There is always something new to discover about staying on the recovery road. On this journey the awareness we gain never ends, if we pay close attention. The goal is not to get from point A to point B. The recovery road is often bouncy, overwhelming and frightening, especially when we’re newly sober. I was told to fasten my seat belt — and to get ready for a wild ride. When I heard that it scared me, what was I in for?

Curiosity about how this sober way of living worked puzzled me at first. When I asked others who were in long term sobriety how they did it, everyone suggested I needed to become teachable, humble, accountable and willing to learn a new way of living. If I truly wanted what others had I would need to change. They offered hope and I know they meant it.

As one of the many “works in progress” on this road — I’m grateful my Higher Power saw a reason to keep me here. Today I have my health, friends, family, and colleagues that mean the absolute world to me.

Thank you for trudging this amazing road with me.
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CREATE JOY

By Dina Evan, Ph.D.

There are times when we feel as if we live in little circle that contains our job, our beliefs, our bodies, and perhaps a few friends and family and it’s joyless. However, we don’t stop to peek over the edge of that circle to see the hundreds of additional new ideas, new hope, new awareness and new realities available to us. We feel stuck, tired, perhaps depressed and without a sense of joy in our life. At any given moment we can push the edge of that circle out a bit and peek over the top to see what wondrous things are possible — that we may not have considered.

You may have always wanted to learn a new language and now might be the perfect time to take that class. Or you wanted to learn to dance, paint, cook, write a book, create a garden or sculpt. Give that to yourself.

Maybe you see yourself being of service in some way. Even if you are differently-abled, you might find great joy in reading to kids at an orphanage or a home for homeless kids. You might want to read to the elderly or if you have the strength, serve the homeless in some capacity because serving others is always joyful. And, don’t say you don’t have time. Feeding your soul is something we all need to take time for especially in this era.

Make time for being peaceful. Meditate or just sit quietly and you’ll be astounded at what comes into your awareness. Start thinking about the things for which you are grateful and those people who bring you joy. Renew those activities or reconnect with those people. Call the people you love, especially those with whom you have lost touch, and remind them how important they are to you. Those connections are the ones that give us joy and fill our hearts with so much love.

Invite your grand kids or kids over for a picnic on the bed. I just did that this weekend, and my 4-year old great grandson, Ben, suddenly looks at me curiously, crawls across the bed to me, and grabs the skin under my chin and asks me what that is. I told him it was my waddle. He immediately called over the other grand kids and they all had to touch my waddle. The rest of us cracked up laughing and the next day I, of course, went immediately back to my chin or waddle exercises still laughing over it. Kids always bring joy with them into your life. If you don’t have any children, give a single mom a break and get to know your friend’s kids. Become a mentor and a friend. The mom will appreciate it and you’ll get the joy from being with the kids.

Commit to your own healing. Very often the reason we can’t feel the joy in life is because we pull that red wagon full of pain and anger from the past and there’s no room left for joy. It’s hard to feel joy while being filled with resentments, anger and suffering. You owe it to yourself to dump that so that you can experience more joy.

Recognize you have the power to be joyful. In the same way that joy is a feeling, so too is sadness loneliness and anger. And here’s the truth. If you have been feeling these things for a long time, you have created a little neuronet in your brain that is now your default — which leaves you believing all of those emotions are true and real. The only way to heal that is by creating a new neuronet which is focused on joy or happiness. The way you do that is to notice when the mad, sad or angry thoughts and feelings arise, and just say to yourself cancel, cancel or erase, erase or delete.

For reasons scientists have not yet figured out, that process tells the brain not to retain that last thought permanently. Then replace that thought with opposite thoughts like my life is filled with joy, or I have love in my life or wealth flows to me freely. Whatever the unloving thought was, replace it with a self-loving thought and before long you will begin to work off your new default reality. You deserve it and no one but you can give that to you, so go for it!

Dr. Dina is a Marriage, Family, and Child Therapist and Consciousness Counselor. She has presented nationwide seminars and workshops, written several books and created meditation CDs for couples, individual and mental health professionals. She has also won national acclaim as a human rights advocate. Visit www.dinaevan.com or call her at 602 571-8228.
Music Therapy for Addiction Recovery

Music brings people from all corners of the world together regardless of culture, belief, gender, and ethnicity. It’s the only real universal language and a powerful tool for treating people through communities and perspectives.

What is Music Therapy?

Music is a major aspect of most people’s daily lives. People use it to boost their mood, for entertainment, and motivation or relaxation. Music is often related to the development of emotional states, and the results will, based on the music and individual, enhance their emotion, make them feel better or even sad. The use of music to promote connections, find healing, and achieve therapeutic purposes is clinical and evidence-based therapy. This is an expressive therapy that uses all aspects of music to help patient’s blossom. Clients do not need to have the artistic talent or skills to benefit from it. Music therapy is frequently used to support the elderly, for people Alzheimer’s, special needs, in childbirth and in hospital settings to aid in healing patients.

How can music therapy help with addiction?

Through the incorporation of music, patients enjoy a wide array of advantages. When people are actively addicted to drugs or alcohol, defense mechanisms like streamlining, minimizing, negating and lying are established to continue their behavior, and hide their emotions. Music therapy can help people explore emotional problems and understand a broad range of emotional signs through music and lyrics. Indirect access to emotions by music may offer a better starting point for experiencing and accepting a variety of different feelings.

Encourages self-expression

Self-expression frequently precedes self-consciousness and both are necessary for long-term recovery. Music, writing or hearing various songs can assist people to express their groove with sobriety, rather than trying to escape those sensations by using drugs and alcohol. The ability to express helps to create knowledge about oneself. This will allow clients to gain a clearer understanding of how addiction disease has affected their lives and the choices they have for their recovery.

- Increases self-confidence

Many addicts struggle with low self-esteem after in early recovery. Finding ways to increase self-worth will significantly improve recovery and help prevent a recurrence. Music therapy contributes to feelings of relationship with others that make us aware that we are not so different and alone.

- Reduces stress

Stress is one of the worst enemies of a newly recovering addict. Stress management and coping skills are some of the reasons why drugs and alcohol are first and foremost used. Music helps calm nerves and offers relaxation, the trick is to find music that is relaxing for you. Heavy metal might not be the best choice at this juncture.

- Things you can do while attending therapy

Although music therapy is a special type of treatment provided by licensed music professionals, other individuals utilize music as a way to make their lives happy and healthy even without any professional assistance. Many well-known musicians have used their music for being motivated by their sobriety and expressing their thoughts and feelings about addiction.

Here are some ways in which you can use music to help you healthy in the long term:

- Write your song

Writing your song is one way to release burdens from within, you can write it for your own consumptions only or if you want other people to listen to it then you may do it too. Writing is another coping method that is beneficial for many people to express their thoughts and feelings. Many people have used music and music treatments to assist them in their long-term rehabilitation and addiction. Whether you use music therapy or you use your music, music is undoubtedly a powerful instrument for growth and healing in the recovery of dependence.

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March 2020 — Togetherraz.com
I met a fellow who had been diagnosed with a rare debilitating disease. For seven years Stan consulted with over a hundred doctors, submitted to endless tests, ingested more than a hundred pills daily, and tried a wide range of treatments, none of which helped. He kept losing weight until he was down to 120 pounds. A final experiment with a risky drug failed. His doctor told him, “You will soon die.”

At that moment Stan got fed up with depending on doctors to save him and instead he turned within. He affirmed over and over again, “I am healed.” After six weeks of intensive introspection and affirmation, Stan began to feel better and his symptoms started to disappear. He gained weight. Eventually he was restored to perfect health and he felt fantastic. Now Stan looks radiant, lives a full life, works from home, and spends many valued hours a day with his wife and children. He is a walking miracle.

A Course in Miracles urges us to remember, “I am under no law’s but God’s.” It tells us that the many laws we believe we are subject to, such as nutrition, economics, and reciprocity, are not the ultimate dynamics that govern well-being. There are vaster, deeper universal principles that make our lives work. When we discover and live by them, we enjoy a freedom that lesser laws cannot deliver.

The Course explains that it is the mind of the patient that chooses to be healed, or not. We enlist doctors and medicine as agents, or permission slips, to serve our inner choice for wellness or sickness. Such professionals and methods are not the source of our health, but channels through which life force delivers our well-being. We can also access healing energy directly, without employing an external agent. This principle does not discredit doctors, who help in huge ways. More fundamentally it empowers patients.

I know a massage therapist who was assigned to work on a terminal cancer patient in a hospital. Emma supposedly had a week to live. While Jane was working on a terminal cancer patient in a hospital, she passed Emma’s room. To her astonishment, the woman was standing before a mirror, dressed nicely, applying makeup. “What’s happened to you?” asked Jane, amazed at Emma’s vitality. “I’m going home,” she replied. “I had a heart-to-heart talk with my sister, and we made up. I can hardly describe the relief released me.”

We have been taught that external conditions determine our state of mind; favorable conditions make us well and happy, and unfavorable conditions damage or depress us. Yet it is the other way around: It is our thoughts that create or attract conditions, and our internal choices that make us happy or not. While some people interpret this dynamic as a cause for guilt or blame for negative events, it is actually supremely empowering. If in the past you have used the power of the mind to cause problems, you can redirect that very power to create solutions. As author Mike Dooley says, “Blame is not in the vocabulary of a spiritually evolved person.”

While it appears that things happen to us, they actually happen from us. If everything is a choice, why would some people choose illness? No one, of course, would consciously choose illness, but there are subconscious motivations that might make illness attractive. You get out of going to school, work, or other activities you would rather not do. You get attention, sympathy, and favors. You get money. You get to behave “right” or gain revenge by blaming someone who hurt you. You get to “prove” that your body has power over your life and mind. This is not to say that people who get sick do not deserve time off or emotional or financial support; compassion sees beyond blame and gives love where it is called for. Yet at a deeper level, choice plays a far greater role in health than most people recognize.

If you are dealing with a lingering physical, emotional, financial, or relationship challenge, consider how an attitudinal upgrade might accelerate your healing process. Healing functions at an entirely different frequency than illness. Fear, anger, resentment, and blame match and sustain the illness frequency. Love, including self-love, joy, creativity, passion, and forgiveness match and sustain the healing frequency.

Your radio cannot be tuned to two different stations at the same time. Like Stan, who found apparently impossible healing by claiming wellness, your choice for wholeness could prove be the turning point you seek.

Alan Cohen is the author of many inspirational books including A Course in Miracles Made Easy. Join Alan for his life-changing Holistic Life Coach Training beginning September 1, 2020. For information on this program and Alan’s books, videos, audios, online courses, retreats, and other inspirational events and materials, visit www.AlanCohen.com.

Whenever You’re Ready...

By Alan Cohen

I

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To counteract this phenomenon, an individual may consider reviewing the criteria with a trusted professional — someone who knows the true extent of their gambling. By combining their point-of-view with their perspective on the gambling behavior, an individual can arrive at a more objective assessment of their problem.

Who is at Risk?
Gambling disorder is not the most prevalent mental health condition affecting Americans, but it does pose a risk to millions.

Pathological Gambling Statistics
- Gambling addiction affects as many as one percent of Americans at some point in their life.
- Males are more likely than females to have gambling disorder, though this gap is getting smaller.
- Men are more likely to gamble on sports, card games, and horse racing.
- Women are more likely to wager on slot machines and bingo games.

Gambling disorder is a condition that affects people throughout their lifetime. Symptoms can first appear during early adolescence in some or during late adulthood for others. In either case, the behaviors are usually mild initially before developing into severe cases over time.

The Health Risks
Like any other addiction, gambling can dramatically impact a person’s physical health, mental health, and overall well-being. People with gambling disorder are at higher risk of cardiac issues and substance use disorders, and depression and anxiety. If left untreated, gambling addiction can quickly consume a person’s life.

Can a Gambler Ever Stop?
Gambling disorder will not vanish or stop on its own. To make significant, lasting improvement, professional treatment is recommended. Gamblers Anonymous is the most utilized treatment approach. Cognitive Behavioral Therapy (CBT) is the most studied approach, and the approach with the most evidence for effectiveness.

If treatment is available and an option — knowing what to be aware of will ease the anxiety of reaching out and asking for help. Treatment is not the same as a self-help group. Addiction treatment will look different — depending on a person’s needs and level of treatment being offered. A mental health professional or addiction specialist can evaluate the symptoms, supports, and stressors and recommend appropriate services to treat gambling disorder.

Some problem gamblers seeking treatment will have difficulty working toward long-term lifestyle changes. They may have difficulty changing behavioral skills without help, due to their increased impulsivity and possible executive function problems. They will need strategies to help them direct their own behavior and keep long term goals in the forefront of their thinking.

Addiction treatment can be intense and involve living at a treatment center for an extended period or attending many hours of outpatient treatment weekly. Other treatments can be less intense and require only a few hours of therapy per month.

Like other conditions, it is important to engage in the level of care that best fits the needs. There are no medications prescribed for gambling disorder, but medications may be helpful in treating other mental health concerns. Many people gamble without serious risk, but for those with gambling disorder it’s a substantial hazard. If you or someone you know is at risk of a gambling addiction, seeking treatment early can reduce future harms.

If someone does become addicted, their entire life will eventually be impacted. They can face financial ruin, the loss of their home or business because of debts, the ending of a marriage or loss of child custody, or the downward spiral that can lead to additional addictions and psychological ailments. A gambling problem may be held secret, leading the person struggling to feel increasing isolation and loneliness, not seeing a way out of their increasing problems from gambling.
For many who struggle, suicide might appear to be the only way out.

**Problem Gambling, Mental Health, and Suicide**

Problem gambling is typically accompanied by other difficulties. Very often, a person struggling with problem gambling is also struggling with mental health disorders and suicidal ideation. Of people struggling with gambling disorder:

- 40% also struggle with anxiety disorder,
- 50% also struggle with a mood disorder,
- 60% also struggle with a personality disorder.

In addition, of those 60% of people struggling with gambling disorder and a comorbid mental health disorder, 17% have attempted suicide, which accounts for nearly 1 in 5 people struggling. They are 2.5x more likely to attempt suicide than the general population.


This is why it is so important to recognize a problem as early as possible and find help for treatment the gambling addiction. 1-800-NEXT STEP provides resources; Gamblers Anonymous provides meetings with support all over town, the Division of Problem Gambling provides resources for gambling therapists all over the State of Arizona. The first step would be to reach out.

**Resources for Families**

Gam-Anon is a free peer support organization for the families and loved ones of gambling addicts. Gam-Anon works as a support group by bringing together people affected by a gambling addict so they can share experiences and encouragement. For a list of meetings visit [www.gam-anon.org/meeting-directory/arizona](http://www.gam-anon.org/meeting-directory/arizona).

**Support for Addicts**

In informal support groups, people with addictions meet to talk about their problem, share success stories and support one another. Gamblers Anonymous is a 12-step program modeled after the one used by Alcoholics Anonymous. The organization’s website includes a page of 20 questions that help a person determine whether they have a gambling problem.

It is often mistakenly assumed compulsive gambling is not a real addictive disorder, since the individual is not consuming a potentially lethal chemical substance. Gambling has ruined thousands of lives since staking wagers first came about. Recovery is possible. If you need help, reach out. In my practice I’ve witnessed success with the clients I work with.

**Resources:**

- Division of Problem Gambling- 1-800-NEXT STEP, [https://problemgambling.az.gov/](https://problemgambling.az.gov/)
- Gamblers Anonymous — [www.gaphoenix.org](http://www.gaphoenix.org/)
- ACT Counseling & Education- 602-569-4328, [www.actcounseling.com](http://www.actcounseling.com)
- AZ Council Compulsive Gambling 1-800-777-7207
- Compass Recovery 1-800-216-1840
- National Gambling Hotline 1-800-522-4700
- Gamblers Anonymous [www.gaphoenix.org](http://www.gaphoenix.org)
- Treatment Provider List: [problemgambling.az.gov/additional-links](http://problemgambling.az.gov/additional-links)

Bobbe McGinley has been working in the field of Chemical Dependency since 1988, and she has worked with Problem and Compulsive gamblers since being Certified by the Arizona Council on Compulsive Gambling, Inc. in 1996 and Nationally Certified in 1999. Bobbe works in private practice, where she is now Clinical Director, Counselor and Consultant at her agency ACT - Counseling & Education. For information 602-569-4328 and [www.actcounseling.com](http://www.actcounseling.com).
“Gray Zone”

By Ken Wells, LPC

Living out a sober life is quite a feat regardless of the addiction. Cravings dominate to varying degrees. Commitments begin to meltdown as soon some addicts close their mouth in a 12 step meeting. We have all heard stories of addicts who swore to commit to sober living who began acting out before they left the parking lot. I once led a group of sex addicts where one of the addicts was sexting his affair partner just after his share while the meeting was in progress! Truth is that intriguement is a drunken dreamland with bewitching charm. The junkie who undermines rational sober living, is "like a hard-nosed hound, the lion never ends its chase. It lures me to the dance, as I look to hide my face— The monkey's always talkin' trash in his deep clear voice—He talks about a paralyzed paradise—I quickly lose my choice” (from poem Stalking the Lion King).

"One of the most difficult concessions for an addict to embrace is that I can no longer act in isolation and alone. I must live in consultation with those I choose to trust."

From another perspective sobriety can be like nailing jelly to a tree. If I'm alcoholic, obviously, getting loaded with alcohol is an example of relapse. But what about substituting a favorite IPA beer with an O'Doul's or any other of a number of non alcoholic beer choices that have 0.4 percent alcohol content? Am I sober with this choice? For sure, some hard core recovering folk will answer affirmative and charge that you are just fooling yourself while others contend differently. If I'm a sex addict in a committed, monogamous relationship and jump in the sack with another person I have given up my sobriety, right? But, what if I just masturbate to images of the other person but have not engaged that person in a face to face, skin to skin contact? Am I sober? Well, some people say yes while others say no and most would say you are playing with fire. What becomes ominous is the growing reality that to live in sobriety suggests that I must manage "gray zones”—places in my life that without question create high risk toward relapse.

Most of us who have hung out around 12 step digs have long since heard and understand the reference "if you hang out at the barbershop you’re gonna get a haircut.” For most this is true! Most of us addicts have our own stories of playing with fire and getting burned. It could be sitting in a bar as an alcoholic or toying with "eye candy" on the internet, flirting with the desire to look at porn, for a sex addict. Some gray zones differ between addicts while others are more common and universal. Usually, an addict cannot eliminate all the gray zones in their life.

The question that haunts is how do I manage "gray zones"?

There is no holy grail that is retrofitted for all addicts. Here are a few suggestions to consider in managing gray zones.

1. Be honest with yourself

I am convinced that one of the hardest things to do or be for any of us, addict or otherwise, is to be emotionally honest. Addictive rationale, not getting enough of what I really don’t want, is a constant story line that requires rigorous honesty. Most will avoid this inquiry because it demands an open moral search and an embrace and exposure to what is inevitably uncomfortable and even painful. Yet, without everyday rigorous honesty in the life of addiction recovery, gray zones quickly become red zone relapse behavior.

2. Tell on yourself

For addicts D-Day always refers to the day of disclosure-turning over every stone and releasing all the secrets around acting out behavior. Truth is, that D-Day is the threshold of reality for the rest of life for those who choose recovery. Secrets must become bygones. Rigorous honesty only grows when I tell on myself to my support people. I believe that for recovery to be effective in 12 step meetings, an addict must embrace an approach which requires the last thing I want group members to know about me is the first things I will share with the group. This admission grounds an individual with the degree of honesty required to manage gray zone behavior.

#3 Live in consultation

Hypocrisy, incongruency and inconsistency are trademarks to reality for anyone who is alive. Addicts, particularly require accountability in order to manage these compartmentalizing dynamics that fuel double life living. One of the most difficult concessions for an addict to embrace is that I can no longer act in isolation and alone. I must live in consultation with those I choose to trust. Addicts who are not meticulous with consultation seldom manage gray zones and most likely end ups with red zone relapse. Whatever challenges I face today, if I anchor my decisions in the context of support community, I am most likely to manage gray zone behavior and avoid red zone relapse. Many of us have heard the recovery reference that "if 8 people tell you that you have a tail, the least you would do is look at your ass in the mirror". The wisdom of this homespun truth has helped to manage gray zones many times in my life. On a bad day, I may get a crook in my neck, straining to look at my ass in the mirror, but I have avoided red zone relapse and have successfully managed gray zone behavior.

All in all, living in consultation and telling on myself with rigorous honesty has proven to be a solid pathway to managing gray zone behaviors and establishing successful long term recovery. —KW

As one of the senior therapist at PCS, Ken has 25 years of experience in treating sexual addiction and sex offender behavior. He specializes in confronting denial in addiction and the treating the nuance of impact around sex offender behavior. He has experience at all levels of providing family treatment around the impact of addiction and conduct workshops on sexual addiction, shame reduction and spirituality. Ken Wells holds a Master of Divinity degree from Nazarene Theological Seminary and has 23 years of pastoral ministry experience. I earned my Master of Arts degree in counseling from Ottawa University and certified as a professional Counselor, a Sex Addictions Counselor, and a Substance Abuse Counselor. Visit www. https://pcsearle.com/

Gray Zone printed with permission from Velvet Steele a new blog by Ken Wells. https://pcsearle.com/category/velvet-steele/
A look at addiction in Arizona

We know how beautiful this state is, with beautiful, lavish landscapes and perfect weather (for the most part). You can find a bit of everything: sunshine, snow, beautiful scenery, and stunning sunsets. However, underneath all that beauty is something that takes away from the gorgeous landscapes and scenic views. The rampant issue of addiction is something that the great state of Arizona has had to deal with for years now. Over the last few decades, AZ has seen a massive influx in cases of substance abuse, addiction, and overdose-related deaths. From 2016 to 2017, Arizona saw an increase of 9.4% in cases of substance abuse-related deaths. That number continues to rise, just like it does in states across the U.S. Why does this happen? It could be due to the opioid epidemic in the U.S. or it could be because of Arizona’s close proximity to the Mexico border, making it more likely that наркотики imported substance into the state.

There is much to consider on the topic of addiction in Arizona, so we are going to take a deep dive into this topic for this article.

6 Commonly Abused Substances

**Alcohol:** Alcohol is a legal substance pretty much everywhere in the world, so long as a person is 21 years or older (or younger in some countries). This substance is the number one most abused substance in Arizona. Because it is legal and virtually anyone that wants some can get some, the potential for abuse is significantly higher than most substances out there. Because most people see the consumption of alcohol as socially acceptable and some even view intoxica-
tion from alcohol use as normal, people often become addicted but fail to realize the development of dependency. Long-term use can result in some serious side-effects on a person’s health. Here are some alarming statistics we’ve gathered for you to analyze:

According to a 2013 survey done by the CDC, 780,000 Arizona residents said they actively engage in binge drinking. That’s nearly 13% of the population. Another alarming statistic the CDC pulled from Arizona residents is the fact Arizona had the 4th highest alcohol-related death count between 2010 and 2012. The same study showed that nearly 18.7% per 1 million residents suffered from alcohol poisoning.

**Prescription Painkillers:** Prescription painkillers and opioids are among some of the most dangerous substances out there. These drugs are highly potent and meant to sedate people who are in a state of unbearable pain. Most of the time, people with chronic pain or people recovering from surgeries have prescribed these kinds of medications because the pain can be unbearable to deal with. If a person goes outside of the suggested dose of a medication, they could easily start to develop an addiction. Here are some statistics on opioid abuse in Arizona:

- A 2013 study showed for every 100 Arizona residents, there were 76.2 opioid prescriptions written for patients.
- One study showed in 2016, there were over 431 million pills prescribed. That’s about 2 and a half week’s worth of medication for every one person in Arizona.
- Between 2017 and 2019 there have been over 2,400 suspected opioid deaths and 18,000 opioid overdoses.

**Heroin:** When a person is unable to get their prescription drug dose, what often happens is they start to transition to alternative forms of medica-
tion. One of these alternative medications these individuals use is heroin, an illicit, potent, and highly addictive street opioid. Because this drug has similar effects to prescription drugs, users are easily tempted to use it. Most people that end up seeking treatment for their heroin addiction say their addiction started after prescription drug abuse. In 2017, Heroin was linked to over 300 deaths and accounted for 35% of opioid-related deaths in the state.

**Methamphetamines:** Another substance that is running rampant across America, especially Arizona, is methamphetamine. The DEA in Phoenix labeled methamphetamine the most deadly substance in Arizona due to the increased production and distribution of the substance that they were seeing. One year, there were over 14,000 hospital visits that were related to meth abuse.

**Cocaine:** This substance is often abused by young adults, ages 18-25. This stimulant drug is extremely potent, but the effects do not last very long. Due to the potency and the short high, this substance essentially encourages users to ingest more to keep their high going. Unfortunately, Arizona ranks in the top 10 states with the highest rates of cocaine abuse.

**Marijuana:** Even though this substance is still illegal in Arizona, people are still able to get their hands on it. This could be due to Arizona’s close proximity to California and Colorado, both states with legal recreational and medicinal marijuana use. Even though many people would argue against the idea marijuana is addictive, the substance can easily become an addictive substance to a user. The euphoric high a person gets from this drug can be highly desirable to users, which could cause them to have uncontrollable desires and powerful dependencies over time.

Addiction is something that people all across the U.S. deal with, but the only way we can start to help other states with their problems with addiction is by helping our own. If you or someone you know is struggling with a dependency on drugs or alcohol, reach out to a local rehabilitation center today. They can provide you with helpful resources and addiction recovery programs that can help you or someone else fight against substance abuse. Don’t be afraid to reach out.

For more information, or to schedule a 24/7 confidential assessment, please contact Patient Services - 480.345.5420

Aurora Behavioral Health System is Arizona’s largest free-standing psychiatric hospital system with 238 beds within two facilities serving adults and adolescents throughout the entire state of Arizona. The Glendale hospital has 100 beds, and the Tempe hospital has 138 beds. Both facilities pride themselves on having full-time internal medicine doctors on staff, in addition to board certified psychiatrists and addictionologists. As a leader in behavioral health for more than 10 years, Aurora has transformed the traditional psychiatric hospital experience into one that takes a more holistic approach. Our expert staff believes in healing the entire person — physically, psychologically and spiritually, while personalizing treatment to achieve the best outcomes. We are committed to the wellness of the community through partnerships, development of new programs, prevention, and treatment. Aurora does this by offering a full continuum of behavioral healthcare services to meet the individual needs.

Content for Scottsdale Recovery Center and Arizona Addiction Recovery Centers created by Cohn Media, LLC www.cohn.media Call 866.893.6816
Together AZ

Resources & Helplines 602-684-1136

TOGETHER AZ  602-684-1136

If you or a loved one are facing a crisis, we encourage you to call for professional guidance. Every moment counts.

Alcoholics Anonymous 602-264-1341
Al-Anon 602-249-1257
Tucson Al-Anon Information 520-323-2229
Adult Children of Alcoholics aca-arizona.org
Arizona Addiction 602-737-1619
Bipolar Wellness 602-274-0068
Child Abuse Hotline – Support & Information 800-222-1222
Cocaine Anonymous 602-279-3838
Co-Anon 602-697-9550
CoDA 602-277-7991
COSA 480-385-8454

Crisis Help Line – For Any Kind of Crisis 800-233-4357
Crisis Text Line Text HOME to 741741

Crystal Meth Anonymous 602-235-0955
Debtors Anonymous (800) 421-2383
Domestic Violence 800-799-SAFE
Families Anonymous 520-647-5800
Gamblers Anonymous 800-266-9784
Grief Recovery 800-334-7606
Heroin Anonymous 602-870-3656
Marijuana Anonymous 800-766-6779
NDMDA Depression Hotline – Support Group 800-826-3632
Narcotics Anonymous/Phoenix 480-897-4636
Narcotics Anonymous/Casa Grande 520-426-0216
Narcotics Anonymous/Flagstaff 928-295-4655
Narcotics Anonymous/Prescott 928-458-7488
Narcotics Anonymous/Tucson 520-881-8381
Nar-Anon Family Groups (800) 477-6291
National Youth Crisis Hotline 800-448-4663
NCADD 602-264-6214
Overeaters Anonymous 602-234-1195
PAL (Parents of Addicted Loved Ones) 480-300-4712
Parents Anonymous 602-248-0428
Phoenix Metro SAA 602-735-1681
RAINN (Rape, Abuse, Incest National Network) RAINN.ORG
Rape Hotline (CASA) 602-241-9010
Sexaholics Anonymous 602-439-3000
Sexual Assault Hotline (24/7, English & Spanish) 800-223-5001
Sex/Love Addicts 602-337-7117
Sex/Love Addicts 520-792-6450
Sex Addicts Anonymous 520-792-6450
Sierra Tucson 800-842-4487
Sonora Behavioral Health 520-209-1012
Suicide Prevention 520-323-9372
Turn Your Life Around 520-887-2643
Workaholics Anonymous 520-403-3559

Are you a resource? Send your request by email to barb@togetheraz.com

SEND EVENT OR SUPPORT GROUP INFO: barb@togetheraz.com
Deadline 20th of month prior to printing.

STAY INFORMED
Sign up for our e-newsletter at info@togetheraz.com / barb@togetheraz.com

March 2020  Togetheraz.com
MARCH 6-8—PRAASA—2020 Pacific Region Alcoholics Anonymous Service Assembly. Westin La Paloma Resort. www.praasa.org


MARCH 21: 10000 BEDS Gratitude Gala. Phoenix Art Museum. For details and to purchase tickets, sponsor visit http://www.10000bedsgratitudegala.eventbrite.com

Rising Phoenix Wellness Services—MARA (Medication-Assisted Recovery Anonymous) group. Tues 5:30-6:30 pm, 7807 E. Greenway Rd. Suite #5, Scottsdale, 480-427-2290

LGBTQ—IOP Program. Specialty program designed to meet the mental health and substance abuse, treatment needs of the LGBTQ+ population. Mon., Tues., Thurs. 6:00-9:00 p.m. Transportation available. 602-952-3939/602-952-3907. Valley Hospitai, 3350 E. Pinchot Ave. Phoenix. valleyhospital-phoenix.com

DOORWAYS—Outpatient mental health treatment center providing individual counseling and psychiatric services for teens, young adults ages 13-25 and their families. Groups provided exclusively for 13-18 year old’s - Skills groups (DBT 101 and De-Stress) 1x per week, along with 4 intensive Outpatient Programs (IOP’s) 3x per week - Anxiety IOP, DBT IOP, Eating Disorder IOP/Substance Use IOP. 602-997-2880 /info@doorwaysarizona.com

SIERRA TUCSON—Alumni Group. Scottsdale, Tues. 6:00-7:00 p.m. Valley Presbyterian Church, 6947 E. McDonald Drive, Paradise Valley. 480-991-4267. Counseling Center (Parlor Room). Rob L 602-339-4244/ stscottsdalealumni@gmail.com.

SIERRATUCSON—Continuing Care Groups—Phoenix. Thurs. 5:30-7:00 p.m. email: Courtney.Martinez@SierraTucson.com.

FAMILY RECOVERY GROUP—Brough Stewart, LPC. 5:30-7:30 p.m. Designed to help begin/continue family recovery. Scottsdale. 5:30–7:00 p.m. email: Courtney.Martinez@SierraTucson.com.

Jewish Alcoholics, Addicts, Families, Friends. 1st/3rd Wed., 7:30 p.m. Ina Levine Jewish Community Campus, 12701 N. Scottsdale Rd. 602-971-1234 ext. 280.

COA-12-step recovery program for those whose lives have been affected by another person’s compulsive sexual behavior) Thurs. 1-7:00 p.m. 2927 E. Campbell Dr. Ste. 104, Phoenix. 602-980-2573.

LIVING GRACE SUPPORT—Christ centered approach for individuals and families affected by mental illness. Oasis Community Church, 15014 N. 56th St. Scottsdale. 602-494-9557. 2nd & 4th Tuesday 6-8 p.m.

CO-ANON FAMILY SUPPORT—Message of hope and personal recovery to family and friends of someone who is addicted to cocaine or other substances. “Off the Roller Coaster” Thurs., 6:30-7:45 p.m., 2121 S. Rural Rd., Tempe. Our Lady of Mount Carmel Church. Donna 602-697-9550 / Maggie 480-567-8002.

ACOA Thurs., 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. www.aca.arizona.org

ACA. Tucson. Wed. 5:30-7:00 p.m. Steps In the Desert Church 5360 E. Pima Street. West of Craycroft, Tucson. Room A. Michael 520-419-6723.

QA—12 Step program for addictions to food, food behaviors. 520-733-0880 or www.oasoutreachm.org.

TABLE DESSERT GROUP—Meeting, Our Savior’s Lutheran Church - East Activity Building Enter from north lot off Mabel St. Fri. 6pm. Discussion Meeting Co-Ed, Our Savior’s Lutheran Church - East Activity Building, Sat. Morning 8:30am-9:30am. Breakfast follows. Co-Ed -Little Chapel of all Nations - 1401 E 1st (U of A Campus ) Sat. 4:30pm-5:30pm Men Only Meeting. We suggest you try at least 6 meetings before deciding that this Fellowship is or is not for you.

VALLEY HOSPITAL—IOP—Chemical Dependency Co-Occuring. Mon., Tues., Thurs. 6:00-9:00 p.m. 602-952-3939. 3550 E. Pinchot Ave., Phoenix. valleyhospital-phoenix.com


FAMILIES ANONYMOUS—12 step program for family members of addicts. Scottsdale Sun. 4:00 p.m., 10427 N. Scottsdale Rd., N. Scottsdale Fel-lowship 480-225-1555/602-647-5800.

NICOTINE ANONYMOUS—Phoenix Sat., 5-6:00 p.m. Our Saviour’s Lutheran Church, 1212 E. Glendale Ave., Glendale, Sun. 9:15-10:15 a.m. Fellowship Hall, 8910 N. 43rd Ave. 480-990-3866 - nicotine-anonymous.org

CHRONIC PAIN SUFFERERS—“Harvesting Support for Chronic Pain,” 3rd Sat. of month, 12-1:00 p.m. Harvest of Tempe, 710 W. Elliot Rd., Suite 103, Tempe. 480-246-7029.


GA—Christ the Redeemer Lutheran Church, 8801 N. 43rd Ave. Sunday, Spanish 7:00-9:00 p.m. Good Shepherd Lutheran Church, 3040 N 7th Ave. Sunday, English 6:00-8:00 p.m. S010 E. Shea Blvd., Ste. D-202, Sue F. 602-349-0372


Valley Hope Alumni Support. Thursdays 6-7:00 p.m., 2115 E. Southern Ave. Phoenix. Tues, 8-9:00 p.m., 3233 W. Peoria Ave. Ste. 203, Open.

SPECIAL NEEDS — AA Meetings. Cynthia SN/AC Coordinator 480-946-1384, E: Mike at mphaes@mac.com

SLAA —Sex and Love Addict Anonymous 602-337-7117. sla-arizona.org

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30 p.m., Cross in the Desert Church, 12835 N. 32nd St. Phoenix, Tues. 7:00 p.m., First Christian Church, 6750 N. 7th Ave., Phoenix, Tues. 7:15 p.m. Desert Cross Lutheran Church, Education Building, 8600 S. McClintock, Tempe, Thurs. 7:30 p.m.

DEBTORS ANONYMOUS—Mon., 7-8:00 p.m., St. Philip’s Church, 4440 N. Campbell Ave., Palo Verde Room. Thurs. 6-7:00 p.m., University Medical Center, 1501 N. Campbell. 520-570-7990, www.arizonada.org.

EATING DISORDER SUPPORT GROUPS—PHX— Monday 7:00 p.m. 2927 E. Campbell Dr. Ste. 104, (Mt. View Christian Church). Jen (602) 316-7799 or edaphoenix@gmail.com. Wed. 7:00 p.m. Libera-tion Center, 650 N. 6th Ave, Phoenix. (cross street McKinley). Jennifer (602) 316-7799. Tempe—Thursday 6:30 p.m. Big Book/5:30-6:30 p.m. Steps to the Solution.Mountain View Retirement Village, 7900 N. La Canada Drive, Tucson. leewealthy@gmail.com. Thurs. 5:30 - 6:30 p.m. EDA Big Book Step Study. Mountain View Retirement Village, 7900 N. La Canada Drive, Tucson. (203) 592-7742 / leewealthy@gmail.com. Wickenburg—Wed. 7:15 p.m and Sunday 7:45 p.m. (N,D/SP,O,) Capri PHP program. (928) 684-9594 or (800) 845-2211. Yuma —Wed. @ 5:00 - 6:00 p.m. 3970 W. 24th St. Ste. 206 Yuma. Alysia (928) 920-0008 or email 2014yuma.d.a@gmail.com.


GODDESS& KACHINAS Philosophical, spiritual, religious 12 step, 12 Tradition/12 Promises support group. 480-203-6518.

AA,NA,CA,CMA,ACA,ALANON — Would you like to start a meeting? The Northwest Alano Club would like to help. Free rent and coffee for the first 4 meetings! 3120 W. Curtis Rd. Tucson (520) 293-2929

March 2020 — Togetheraz.com
The Challenge: Communication
Preventing Teen or Young Adult Drug Use

Talking with teens or young adults can be challenging for any parent. Having meaningful, ongoing conversations about drugs and alcohol is an important key to helping keep your child healthy and safe.

Here are some tips on how to break through communication barriers to feel more connected.

1. Choose a good time and place
   - Create blocks of time to talk. After dinner, before bed or school, or to and from school or extracurricular activities work well.
   - Take a walk or go for a drive together. With less eye contact, maybe your teen won’t feel like they are under a microscope.

2. Openness and active listening
   - **Keep an open mind.** For a productive conversation keep an open mind and remain curious and calm. Your child is more likely to be receptive.
   - **Ask open-ended questions.** For a more engaging conversation, you’ll want to get more than just a “yes” or “no” response from your child.
   - **Use active listening.** Let your teen know they are understood by reflecting back what you hear — either verbatim or just the sentiment. It works like this: 
     - You listen without interrupting (no matter what), then sum up what you’ve heard to allow him or her to confirm. Try these phrases: “It seems like you’re feeling…” “I hear you say you’re feeling…” “Am I right that you’re feeling…”
     - Using “I” statements to keep the flow going and to confirm. Try these phrases: “It seems like you’re feeling…” “I hear you say you’re feeling…” “Am I right that you’re feeling…” Then sum up what you need.
     - “I” statements allow you to use persuasion (not control or blame) to cause a change in behavior. You also allow them to help decide what happens next — another key to bonding.

3. Understand your influence
   - Many teens say when it comes to drugs and alcohol, their parents are the most important influence. That’s why it’s important to talk — and listen — to your teen. Talk. A lot. Discuss the negative effects of drugs and alcohol. Clearly communicate you do not want your teen using. Talk about the short- and long-term effects drugs and alcohol can have on mental and physical health, safety and the ability to make good decisions. Explain that experimenting with drugs or alcohol during this time is risky to their still-developing brain. Parents and caregivers are the biggest influence in a teen’s life.
   - Take advantage of “teachable moments.” Use every day events in life to point out things that’d like your child to know about. Point out alcohol and drug-related situations in celebrity headlines, or stories going on your own community that show the consequences of alcohol and drug use. If you and your child are at the park and see a group of kids drinking, use the moment to talk about the negative effects of alcohol. When watching TV together, ask if the shows and advertising make drug use look acceptable and routine? Or do they show its downside? How did that program make your child feel about drugs?
   - Share stories. Stories of people in recovery and drug-related situations in celebrity headlines, or stories going on your own community that show the consequences of alcohol and drug use. If you and your child are at the park and see a group of kids drinking, use the moment to talk about the negative effects of alcohol. When watching TV together, ask if the shows and advertising make drug use look acceptable and routine? Or do they show its downside? How did that program make your child feel about drugs?
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4. Offer empathy and support
   - Let your child know you understand. Teen years can be tough. Acknowledge everyone struggles, but drugs and alcohol are not a useful or healthy way to cope with problems. Let your child know that they can trust you. Remind them you are there for support and guidance.

5. Keep in mind your teen’s brain is still developing
   - The human brain doesn’t fully develop until about age 25. This helps to explains a lot about the way your teen communicates. Typical teen behavior can trigger a lot of emotion in parents. Identifying the behavior you see in your teen can help you manage our own impulses. Plus, we communicate better because our messages aren’t clouded by emotion.

Bottom Line
Parents and caregivers are the biggest influence in a teen’s life. That’s why it’s important to talk regularly with your teen. Approach your conversation with openness and empathy and be sure to clearly communicate that you do not want your teen using drugs or alcohol. Remind your teen of your support and be sure to listen to what he or she has to say.

(Source: drugfree.org)
Get one-on-one help! Learn more about our Parent Helpline and how we can help. Call 1-855-378-4373. Speak with a Specialist M-F: 9am - Midnight ET, Weekends: 12pm - 5pm ET

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**Guest Blogging Opportunities**

Are you a writer in recovery looking for guest blogging opportunities? Perhaps a writer that strives to help others achieve and remain long-term sobriety? We would like to feature your work and let it inspire others.

TogetherAZ is about getting the message of recovery out and in front of as many people as possible. We strive to provide resources to those who are seeking recovery or those who have been sober for a while and want to be of service by writing articles/blogs.

TogetherAZ provides articles on a wide array of topics pertaining to sobriety and wellness, healthy lifestyles, addiction treatment options, as well as hobbies and travel. If you have an article or topic that you feel would bring value to TogetherAZ, reach out to us!

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Vaping-Related Illnesses and Deaths: What is Known

The NIDA Blog Team

In 2016, the U.S. Food and Drug Administration (FDA) established a rule for e-cigarettes and their liquid solutions. Because e-cigarettes contain nicotine derived from tobacco, they are now subject to government regulation as tobacco products. In December 2019, the federal government raised the legal minimum age of sale of tobacco products from 18 to 21. In January 2020, the FDA issued a policy on the sale of flavored vaping cartridges.

While the Centers for Disease Control and Prevention (CDC) and the FDA continue to investigate other possible substances contributing to vaping-related illness and deaths, CDC has identified a thickening agent—Vitamin E acetate—as a chemical of concern among people with e-cigarette or vaping associated lung injuries.

They recommend that people should not use any product containing Vitamin E acetate, or any vaping products containing THC, particularly from informal sources like friends, family, or in-person and online dealers. They also warn against modifying (changing) any products purchased in stores, or using any vaping products bought on the street. The FDA is asking people, including health professionals, to report any adverse effects of vaping products. The CDC has posted an information page for consumers.

In the past few months, thousands of people have developed serious lung illnesses after vaping (using e-cigarettes). Some people have died as a result.

As of February 4, 2020:

2,578 cases of these illnesses have been reported to the Centers for Disease Control and Prevention (CDC). The cases were reported by all 50 states, the District of Columbia, and two U.S. territories (Puerto Rico and the U.S. Virgin Islands).

The illnesses have led to 64 deaths in 28 states and the District of Columbia.

The CDC, the U.S. Food and Drug Administration (FDA), and other organizations are investigating the connections between vaping and these illnesses and deaths. In the meantime, the FDA has issued these warnings:

• Don’t use any vaping products of any kind bought online, on the street, or from family and friends.

The CDC recommends:

• Don’t use any e-cigarette (vaping) products—particularly products that contain THC.

• Don’t add vitamin E acetate to any vaping products.

• Don’t add any other substances not intended by the manufacturer to products.

Vaping is already risky for teens. Tell your friends about the risks, and about the illnesses and deaths associated with vaping. As more facts come in, we’ll report them here. https://teens.drugabuse.gov/

Toll of Tobacco in Arizona

| High school students who smoke | 7.1% (26,900) |
| Male high school students who smoke | 7.1% |
| High school students who use e-cigarettes | 16.1% |
| Kids (under 18) who become new daily smokers each year | 2,000 |
| Adults in Arizona who smoke | 14.0% |
| Proportion of cancer deaths in Arizona attributable to smoking | 28.7% |

Deaths in Arizona from Smoking

| Adults who die each year from smoking | 8,300 |
| Kids now under 18 and alive in Arizona who will ultimately die prematurely from smoking | 115,000 |

Published research studies have found that kids are twice as sensitive to tobacco advertising as adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure. One-third of underage experimentation with smoking is attributable to tobacco company advertising.

https://www.tobaccofreekids.org/problem/toll-us/sources

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• Don’t use any vaping products of any kind bought online, on the street, or from family and friends.

• Don’t modify (change) any vaping products purchased in stores, and don’t use THC oil.

The CDC recommends:

• Don’t use any e-cigarette (vaping) products—particularly products that contain THC.

• Don’t add vitamin E acetate to any vaping products.

• Don’t add any other substances not intended by the manufacturer to products.

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Setting the Stage for a Life Worth Living!

888.512.1705
arizonaaddictioncenter.org
RTC, PHP AND MAT