

California Together

september 2010
National Alcohol
& Drug Addiction
Recovery Month

ESTABLISHED 2006

Southern California's Good News Newspaper

Vol. 4—No. 9—September 2010

Building a Recovery Advocacy Movement One Treatment Program at a Time

By JOHN DE MIRANDA, Ed.M.

Throughout the United States groups of individuals in recovery have been coming together to improve recovery supports and create more recovery friendly communities. We are witnessing the emergence of what has been called the New Recovery Movement. Even Washington, DC has been getting into the act. The Recovery Community Services Program of the federal Center for Substance Abuse Treatment attempts to organize local networks of recovery advocates to work on policy change and create recovery community organizations (RCOs). The 2008 election "Recovery Voices Count" campaign of Faces and Voices of Recovery took this trend even into the political arena by bringing a recovery voice to national and local electoral politics through nonpartisan policy advocacy.

A variety of recovery advocacy events are planned for California during the official recovery month of September. For example, on 9/1 you can attend a rally on the steps of the Capitol in Sacramento. On the 30th you can watch the San Francisco Giants vs the Arizona Diamondbacks play baseball hosted by the National Council on Alcohol and Drug Abuse-Bay Area. Other events include a biodegradable balloon release ceremony, a wellbriety medicine wheel of healing and a 12 step roundup. A full listing of events in California and across the nation is available at <http://www.recoverymonth.gov/Community-Events.aspx>.

We have come a long way from the late 1980s when Former U.S. Senator Harold

Hughes created the Society of Americans for Recovery (SOAR). According to his obituary by Gerrit DenHartog, Hughes believed that the voices of recovering people could become a potent force to make recovery "an American priority." SOAR described itself as the voice of the nation's grass-roots recovery community "those in recovery or in hope of recovery from alcoholism and drug addiction, as well as their families, and other concerned citizens." A concept ahead of its time, SOAR never counted more than a few thousand members.

Our society continues to marginalize people actively addicted to illicit drugs and alcohol, as well as those who are in recovery. This "second-class" status is the driving force behind advocacy efforts, and underlines the importance of demonstrating that the "faces and voices of recovery" are also the faces and voices of mainstream America. Traditionally, activities aimed at recruiting recovery advocates have focused on identifying individuals in long term recovery and convincing them to become active in self and societal advocacy efforts. In San Diego a new program exposes residential and outpatient clients to advocacy as a component of their addiction treatment regime.

Stepping Up at Stepping Stone

Founded in 1976, Stepping Stone of San Diego (SSSD) is a non-profit alcohol and drug treatment and recovery agency that creates and delivers alcohol/drug treatment, HIV and other health interventions, recovery,

education and prevention services focused primarily, but not exclusively on the gay, lesbian, bisexual and transgender communities of the greater San Diego region. The organization is known for its progressive and innovative response to client needs. At the beginning of the meth epidemic it developed a harm reduction philosophy that was reflected in a media campaign as well as its service portfolio. More recently Stepping Stone's Discovering Sexual Health in Recovery program was profiled in several national publications.

Stepping Stone clients are both challenging and challenged. Besides drug recovery status the SSSD client often shares other characteristics which add to societal marginalization including HIV/AIDS and lesbian/gay/bisexual/transgender sexual orientation.

In 2009, with funding from the Drug Policy Alliance Advocacy Grants Program and help from an outside consultant SSSD staff created and field tested an advocacy training curriculum for clients called Stepping Up. The objectives of the curriculum are to expose clients to organizations seeking to change societal attitudes and "integrate concepts of self and community empowerment and advocacy into all services for clients at Stepping Stone."

The rationale for the Stepping Up training states:

Empowerment and self-advocacy are goals of behavioral health interventions. Stepping Up's facilitating principles including that individuals: have power; are responsible; have

some degree of autonomy; can take initiative; and can make choices to provide a base for improved consciousness about one's physical and emotional health. Empowerment and advocacy, however, do not occur in a vacuum. Individuals are empowered and advocate in a social context. That context can enhance or detract from an individual's wellbeing.

The need to advocate and become empowered arises from the inequalities of our society and the discrimination that these inequalities engender. Thus, self advocacy connects directly to efforts to change society and reduce the marginalization of our clients due to their status as gay, lesbian, transgender, bisexual, HIV+, and former drug user. Therefore, the Stepping Up curriculum also includes information about societal change and the importance of social justice activism.

Self Advocacy

Self-advocacy is standing up for yourself, and whether you are trying to change the world or your own life, advocacy means finding your voice. If you are asking for something, you need to be clear about what it is and why you want it.

Seeking additional services, applying for employment and taking care of one's health all require the ability to assert oneself. Stepping Up participants are taught six steps to self advocacy.

1. *Get educated*—"Know your Rights"
2. *Define your Goals*—"Have a clear consistent message and understand the difference

Recovery Advocacy continued page 4

Take Action!

SB 686 - Alcohol/Drug Counselor Certification & Licensure Bill is NOW SB 1203

After months of negotiations and collaboration meetings, AODA counselor certification and licensure legislation has been amended into a new bill number. The new Senate Bill is SB 1203 and is being carried by the same well known and respected Senator DeSaulnier. This bill is on a fast track for passage before the Session ends. However, the legislative process is extremely complicated and sometimes unpredictable, our chances will increase as a direct result of your participation! Consequently, all CAADAC members are encouraged to write and e-mail California legislators as soon as possible. We recognize we have many hurdles remaining and the "fast track" we are on will require our immediate attention.

The CAADAC, Breining and CAARR (CBC) coalition is receiving overwhelming support for its licensure proposal which is now Senate Bill 1203—DeSaulnier. Counselors, program owners and managers from throughout California are applauding the compromise legislation that is now before the legislature for final consideration.

A last minute plea from CAADPE to *SB686 continued page 2*

From Childhood Obesity to Eating Disorder Treatment

By DR. AMY WASSERBAUER, PH.D., REMUDA RANCH, PROGRAMS FOR EATING AND ANXIETY DISORDERS



She walks into the initial assessment at Remuda Ranch Programs for Eating and Anxiety Disorders, with a familiar story, "I was a chubby child, teased often for being overweight. My doctor told my mom

I was in the 'obese' category. I felt unaccepted by my peers and family. Mom put me on diet after diet, but it didn't work. Mom always dieted too and would say bad things about her own body. Dad put us both down. In my frustration, I ate more and more. I can now admit that food was my friend. In the midst of all my problems, it helped me feel better." She goes on to admit that there were multiple issues in her family that heightened her

anxiety and can't remember a time when she didn't use food for comfort as a child. Sadly, she reports that at one point in high school she learned how to use an eating disorder to manipulate her weight, and with that came positive reinforcement by family and friends. Now, 10 years later she's caught in the web of an eating disorder that is relentless. It never allows her to know what normal eating is, and it keeps her afraid that if she stops she'll go back to the obese little girl that was teased and rejected. Her life consumed with fear of weight gain, drives her to obsessions with diet, food manipulation, and excessive exercise. There is no space to live a normal life, or develop close friendships; instead, she uses destructive behaviors that take a toll on her body, mind, and soul.

I could tell many other stories with similar themes and patterns of women teased due to their weight issues as children, who turned to anorexia or bulimia for their answer. The themes of rejection, low self-worth, insecurity,

control, and "never feeling good enough" stem from their obesity issues. In further exploration, I learn there are even deeper roots that need to be uncovered. Asking more thorough questions is necessary. "What was your relationship with food like as a child? When do you remember first going to food for comfort? What was going on in your life when you did this?" The patterns of behavior with food are then discovered in the context of family dynamics and personality characteristics. "My parents were constantly arguing and I felt scared, so I ate," or "My best friend rejected me in elementary school, so I ate." Sometimes I hear, "I was being abused by a neighbor (or family member) so I ate." Some report, "My mom was never happy with her size, so she put the entire family on a diet. I was hungry, so I hid food in my room and ate."

There are many more stories like this and the pattern is evident. Food becomes the source of comfort, security, protection, and *OBESITY continued page 3*



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SB686 from page 1

kill the bill is being largely ignored by most organizations who worked hard to create legislation that will prepare the industry for health care reform while preserving the workforce. There is currently no opposition from any certifying organization to this legislation. Because CAADPE representatives did not attend meetings to create the legislation, the information contained in their opposition letter does not reflect the current language in the bill. CAADPE's lack of participation in the process until the eve of its passage demonstrates the intentions of the organization.

All CBC member organizations encourage any counselors or program managers with questions about the bill to call or e-mail if there are any questions that need to be answered before signing on to support the bill.

"This is a historic moment for our profession. I am confident that we will not fumble on the one yard line," said CAADAC Legisla-

tive Chair, Warren Daniels. "I am certain that everyone will do the right thing and send this bill to the Governor."

We need all of the support we can muster. Send your individual e-mails and letters again for SB 1203. We also need agencies and organizations to go on record (with company letterhead) in support of the bill.

The success of this legislation is literally in our hands. Now is the time to speak with one voice and push this legislation all the way to the Governor's desk. Send your support letter or e-mail today.

Our grassroots network is the last key to success.

Won't you join us in making history?

<http://capwiz.com/caadac/issues/alert/?alertid=15648501&queueid=5683772921>.



By LISA E. OVERTON

Relapse is NOT a requirement

My friend Fred (not his real name), sent me a text: Would you be angry with me if I have a new sobriety date? I responded: Of course not, when is it?

The reply: **Tomorrow.**

Apparently Fred, after nearly three years of continuous sobriety, decided, during a brief period of despair, to drink again.

There were some indications that Fred was headed toward relapse. He had returned to cigarette smoking, despite the negative health consequences that resulted from that choice. He would frequently complain about the pompousness of certain members of his home group, resulting in his choosing to boycott the meeting for periods of time. When I told him that "awfulizing sobriety" was a symptom of relapse, he retorted that "awfulizing" was not a real word, deflecting the focus from the behavior at hand.

He had also embarked upon an earnest search for relationship with the opposite sex, later confiding in me that he did not want to grow old and be alone. Fred has HIV, and the pool of women willing to knowingly date someone with the virus is apparently limited to those who already have it. After several failed attempts at finding the woman of his dreams, Fred was despondent. He walked over to the nearest bar, and he drank for several hours before he realized that drinking wasn't going to fix his problems. He called a sober friend who gave him a ride home from the bar and then he called me.

Alcoholism and addiction is a disease of stigma. This stigma not only prevents addicts from seeking treatment, it inhibits those who relapse from returning to a life of recovery. Fortunately for my friend Fred, he had had a firm foothold in sobriety, and had a number of supportive friends who welcomed him back into the program of Alcoholics Anonymous. Fred now has a couple months sober, has quit smoking, is working earnestly with a sponsor again, and although he admits to the arrogance of some attendees of his AA group, their defects of character are not impeding his attendance at meetings.

My theory of addiction and relapse is this. It is human nature to attempt to explain and make sense of our world. When our world is chaotic and dysfunctional, we seek a solution. When our genetic propensity and environmental setup for addiction is introduced to chemicals or behaviors that provide relief, however temporary or fleeting it may be, we continue abusing those substances or actions until the negative consequences overwhelm us and we are forced to seek something else.

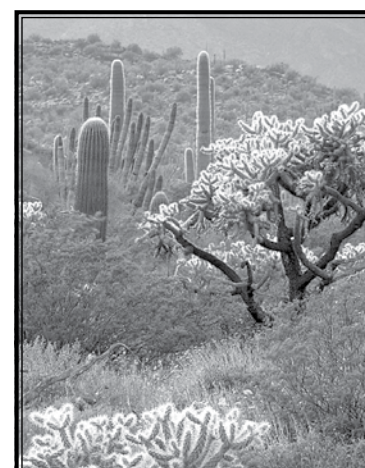
We find recovery. We discover new ways to deal with life on life terms. But for some of us, we become overwhelmed or the old habits return, sometimes quickly, sometimes slowly. We seek relief and we remember how we had found the answer before, so we return to using.

Tragically, many people do not return from a relapse. Often the wrong choice made under the influence will have drastic results, and we may not be able to make it back. A friend in New Jersey went on a spree and ended up with her fourth DUI. She is facing a jail sentence and hanging tentatively onto a thread of sobriety.

But often relapse is just the kick in the pants we needed. We no longer need to glamorize or idealize that drinking and using will fix our problems, because we realize that the old way of life is gone forever. We return to recovery with zealotry and a zest that previously had been absent. We often have humility and an attitude of gratitude because we narrowly escaped dire consequences. We won't return to recovery if we don't feel welcome there.

I pray that I am always compassionate and supportive of anyone who returns from a relapse retreat. They will probably have much to teach me.

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



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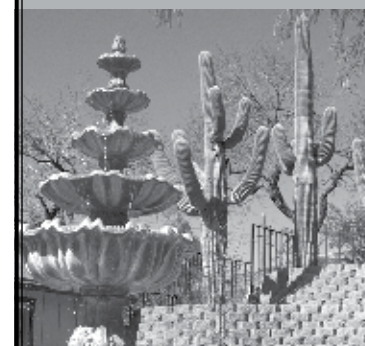
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Straight Talk *from the Doc*

By **STEPHEN J. GROTH, M.D.**

Atypical Anti-Psychotics

A Look at Olanzapine ("Zyprexa/Zydis")

In recent years, the so-called "Atypical Anti-Psychotics" have largely replaced first generation anti-psychotic medications such as Haldol, Chlorpromazine, Thorazine and the like. They all are dopamine blockers in the brain. Atypicals differ in that they too block dopamine receptors, but also block reuptake of certain other neurotransmitters besides dopamine. Atypicals are felt to be at least as effective as the first generation for their anti-psychotic effects, but also serve well as a mood stabilizer for Bipolar Mood Disorder. Atypicals have the advantage of causing less side effects than first-generation anti-psychotics, most notably tardive dyskinesia (a serious movement disorder).

First generation anti-psychotic medications are therefore used relatively uncommonly these days. Atypicals are possibly more effective than the first-generation group, but definitely have less side effects such as the most serious ones like tardive dyskinesia.

Of the various Atypicals now available, Olanzapine (generic name) is probably the most effective, and is used frequently. Brand names include "Zyprexa" and its rapid-dissolving cousin, "Zydis". Clozaril, another atypical which is thought to be the most effective of the Atypicals group, has the distinct disadvantage of causing a serious and severe blood disorder, "agranulocytosis", in about one percent of patients. Therefore they must

be closely monitored with weekly blood tests and are used only in the most severe clinical cases.

It is for this reason that Olanzapine (Zyprexa/Zydis), and not Clozaril, has emerged as the most commonly-used Atypical. This includes usage for the many patients who are addicted and have the co-occurring disorder of Bipolar Mood Disorder. Many of TRIAD's patients are on Zyprexa for this reason; many are also Bipolar.

Zyprexa/Zydis also may play a role in the management of depression as an adjunctive agent.

If you are an addict in need of Bipolar medication management, see your physician, preferably one who specializes in addiction medicine or addiction psychiatry. He or she will be in best position to determine whether Zyprexa/Zydis (Olanzapine) is a good medication for you.

This is DrSteve, giving it to you straight!

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

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control, leading the child to weight gain and possible obesity. The pattern of "using food" is established. The emotional issues driving the person to food are denied and ignored. The child develops an unhealthy relationship with food due to unhealthy relationships. Unique personality characteristics such as intense emotional sensitivity, perfectionism, drivenness, and anxiety may heighten her use and abuse of food. Thus from childhood on, she has no idea how her body will handle normal eating because she does not know what it is to eat normally. In addition to this, we live in a culture that defines beauty from magazine covers—a fantasy image that no woman can live up to. The child using food to deal with her life, often teased and rejected, turns to something that feels hopeful and energizing at first: an eating disorder. Initially, she receives positive affirmations and attention that she craves, so believes she has found the answer to her problems. Unfortunately, she has never dealt with the themes of her life that occurred at the genesis of her food and weight issues. The emotions and negative thoughts that stem from the stressors in her life that were never faced, are magnified with obesity issues. She

believes all is well using the eating disorder to cope, until it consumes her life.

Once in treatment, a woman in this situation must face the truth that she has never known a life without food manipulation. On the road to recovery she will build a new relationship with food, her body, herself, and her family. She will unveil the themes and behavior patterns originating from her life circumstances that led her to use food as her coping mechanism. This will take time, but with the support of her treatment team and family, she will begin to build new life skills to trust and love herself and her body. She'll learn to challenge her negative messages, changing them into positive ones. Experiencing her emotions with new skills will free her from food manipulation and allow her to truly embrace life. She will continue to grow and heal long after she leaves treatment with the help of her outpatient treatment team, family, and friends.

Regardless of the "whys" behind an eating disorder, help is available and recovery is possible. Please call Remuda Ranch at 1-800-445-1900 or visit www.remudaranch.com today.

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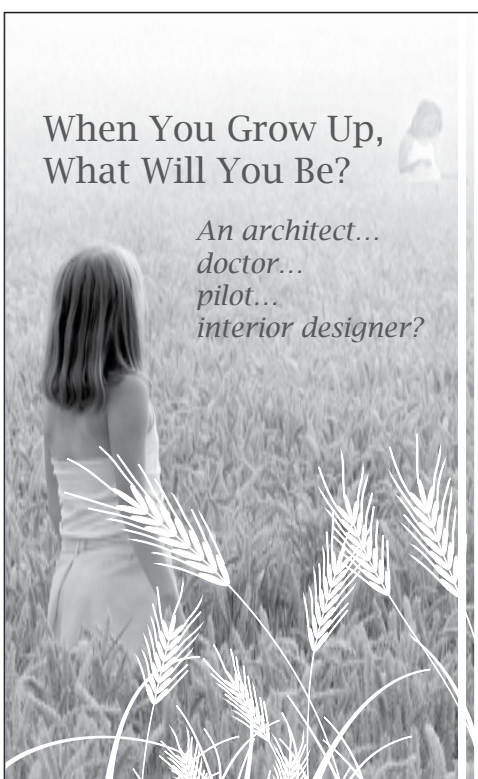
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between "wants and needs."

3. Understand the Chain of Command and the process
4. Ask for support from others.
5. Document your experiences. This can serve as "proof" for others that your problem exists. Save emails, write down dates of correspondence and occurrences etc.
6. Be Persistent—stand up for what you believe in and believe that change is possible. remember: It is not WHAT you say, but HOW you say it.

Societal Advocacy

Societal advocacy is the pursuit of outcomes including public policy and resource allocation decisions within political, economical, and social systems institutions that directly affect people's lives. Unlike self advocacy which is learning how to act effectively on behalf of oneself, societal advocacy is focused on causes or particular constituent groups.

Last year SSSD clients drew on their experience with the Stepping Up advocacy training to initiate a petition drive to prevent California's Governor from enacting draconian cuts to HIV/AIDS services. For several weeks during the state budget approval pro-

cess clients were gathering signatures at local gay pride activities and sending e-mails to family and friends encouraging them to call and write the Governor Schwarzenegger to express their views.

SSSD clients have also been actively engaged in advocating for same sex marriage, discrimination aimed at transgender individuals and reducing stigma experienced by people in recovery from drug and alcohol addiction.

If it is to succeed in changing public and policy maker attitudes about addiction and recovery, the recovery movement needs large numbers of visible, vocal participants. Treatment programs graduate large numbers of citizens who can become active participants in recovery advocacy.

John de Miranda is President & Chief Executive Officer of Stepping Stone of San Diego (www.steppingstonesd.org). He is also the CA-AZ regional representative to the Faces and Voices of Recovery Board of Directors, and a frequent contributor to Addiction Professional and Alcoholism and Drug Abuse Weekly. He can be reached at 619-278-0777, ext. 132; johnd@steppingstonesd.org.

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Email your event to aztogether@yahoo.com Submissions accepted one month prior to event.

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

OC-SOBER LIVING COALITION—Rock Harbor Church, 345 Fischer Ave., Costa Mesa. East of 55 Freeway. Grant McNiff **949-549-2954**, Patricia Bintiff **714-549-5739.**

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

SEPT. 3-5 —San Diego Feeling Good LGBT Roundup Handlery Hotel, 950 Hotel Circle N., Mission Valley. Call Central Office 619-265-8762.

SEPT. 8 , 9. Mental Health Systems (MHS) will be hosting the Second Annual Southwest Behavioral Health Conference in San Diego. Contact Rosella Aplin, 858-573-2600

SEPT 25—10:00 am-2:00 pm STRUT FOR SOBRIETY. Boutique, silent auction, luncheon, fashion show to celebrate recovery. Make a difference in the lives of those who need support and treatment. \$75.00 The Westin, Gaslamp Quarter, 910 Broadway Circle, San Diego. 619-670-1184. email: anewpath@cox.net, www.anewpath-site.org

OCT. 22-24—21st Annual Celebration of Women Conference, "The Legacy We Leave Behind." Crown Plaza San Diego 2270 Hotel Circle N. San Diego. Registration \$90. (room rates additional) due by Oct. 4. For more info: celebrationof-women2000@yahoo.com, Stephanie W. 619-246-3289, Lorrie 619-920-7052

SUPPORT YOUTH AFLAME—12 STEP SUPPORT MEETING—Thursdays, 8:00 p.m. Focus on issues relevant to youth, teens & recovery. 6641 Killarney Ave., Garden Grove. Bodhi: **714-786-8194** or **714-365-0503.**

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mation: **1-800-273-6463.**

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

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

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

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

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

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

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

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

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- Comprehensive Rehab Options

Need information?
Contact us today!

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www.triaddetox.com

32272 Camino Capistrano, Suite A, San Juan Capistrano, CA 92675

Our treatment provides the newly recovering alcoholic and addict with the clarity of mind to participate more effectively in group work and other rehab activities.



WHEN YOU NEED HELP

Provided as a service from California Together

—Orange County—				
Adult Children of Alcoholics	714-549-5733	Narcotics Anonymous 619- 584-1007		
ADEPT	714-834-4058	Nicotine Anonymous 619- 682-7092		
Alcohol Drug Abuse Services	714-973-8186	Rape Crisis 858- 272-1767		
Alcoholics Anonymous	714-556-4555	San Diego City Help 619- 491-1194		
Alcoholics Recovery Meeting for Lesbians & Gay	714-534-0862	Sex Addicts Anonymous 760- 736-0644		
AIDS Response Program	714-534-0862.	Sexual Compulsives Anonymous 619- 819-7740		
Al-Anon	714-748-1113	Smart Recovery 858- 546-1100		
Battered Women's Helpline	714-891-8121	Suicide/Crisis Intervention 800- 479-3339		
Cocaine Hotline	800-662-HELP	—Los Angeles County—		
CODA	714-573-0174	Adult Children of Alcoholics	310- 534-1815	
Cocaine Abuse	714-647-6698	Alcoholic Anonymous	323- 936-4343	
Cocaine Anonymous	949-650-1011	Al-Anon/Alateen	818- 760-7122	
Food Addicts Anonymous	800-600-6028	Cocaine Anonymous	310- 216-4444	
Gamblers Anonymous	714-527-2251	Crystal Meth Anonymous	213- 488-4455	
Hispanic Alcoholism Services	714-531-4624	Marijuana Anonymous	323-964-2370	
Narcotics Anonymous	714-590-2388	Gamblers Anonymous	310- 478-2121	
Nar-Anon	800-477-6291	NA North. OC	818-773-9999	
Marijuana Anonymous	714-999-9409	NA for S. OC	949- 661-6183	
Overeaters Anonymous	714-953-0900	Overeater Anonymous	310- 473-5207	
Rape Crisis Hotline	714-957-2737	Battered Women Hotline	818- 887-6589	
		Rape Hotline	800-585-6231	
—San Diego—			—Inland Empire—	
Adult Children of Alcoholics	619- 287-7782	Alcoholics Anonymous	909- 825-4700	
Alcoholics Anonymous	619- 265-8762	Cocaine Anonymous	909- 359-3895	
Al-Anon	619- 296-2666	Gamblers Anonymous	909- 424-5020	
Co-Dependents Anonymous	619- 222-1244	Marijuana Anonymous	626- 583-9582	
Compulsive Eaters	619- 543-8961	NA West	909- 622-4274	
Gamblers Anonymous	619- 239-2911	NA FOOTHILLS		
MHS, INC.	858-573-2600	English	909- 795-0464	
NCADD of San Diego	619- 685-6335	Spanish:	888- 622-4672	

Get Listed: info@californiatogether.com