THE CORONAVIRUS DISEASE
COVID-19
By Dr. Asa Don Brown, Ph.D.,
C.C.C., D.N.C.C.M., F.A.A.E.T.S.

RECOVERY IS A FAMILY AFFAIR
By Dr. K.J. Foster, LMHC, CAP

DEPRESSION AND ADDICTION
Stephen M. Lange, Ph.D.

OBESITY: A MAJOR HEALTH CRISIS
By Maxim W. Furek, MA, CADC, ICADC
IT'S NEVER THE WRONG TIME TO DO THE RIGHT THING.

Compliance is more than licensing...
It’s doing the right thing, all the time.

+ CONFIDENTIAL AUDITS
+ POLICY & PROCEDURE MANUAL REVIEW
+ STAFF COMPLIANCE TRAINING
+ FARR COMPLIANCE REVIEW

+ DCF COMPLIANCE REVIEW
+ ACCREDITATION COMPLIANCE REVIEW
+ VENDOR CONTRACT REVIEW
+ MARKETING CONTRACT COMPLIANCE
Dear Readers,

I welcome you to The Sober World magazine. The Sober World is an informative award winning global magazine that’s designed to help parents and families who have loved ones struggling with addiction. We are a FREE online e-magazine reaching people globally in their search for information about Drug and Alcohol Abuse.

Our monthly magazine is available for free on our website at www.thesoberworld.com or you can have it come to your inbox each month by signing up on our website.

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.

We are on Face Book at www.facebook.com/TheSoberWorld/ or Twitter at www.twitter.com/thesoberworld, and LinkedIn at www.linkedin.com/in/patricia-rosen-95521051/ or www.linkedin.com/groups/6694001/

Sincerely,

Publisher
Patricia@TheSoberWorld.com

For Advertising opportunities on our website or to submit articles, please contact Patricia at 561-910-1943 or patricia@thesoberworld.com.
“The entire family is in recovery. Every person in this room is in recovery. The sooner you accept this truth and begin to focus on your own growth and recovery process, your own personal change, the better chance your loved one will have for a successful recovery. This is the best way for you to support your loved one in their own recovery success. Focus on you and your own change, your own recovery.”

As the family program director at a nationally known treatment facility, this is what I tell every family member and friend who comes to visit a loved one who is in treatment for a substance use disorder. I do so, every single visit, twice a week, week after week. It’s my mantra “the entire family is in recovery.” It’s my mantra, because it’s the truth! And it’s often a hard truth for family members to hear, understand and accept. None-the-less, it’s a fact.

As a counselor working in the field of substance use disorder treatment for over 10 years, I have found, over and over again, that we can arm an individual in treatment with all the knowledge, skills and tools they need for a successful recovery, and that same person can have all the willingness and desire for recovery that’s possible. Yet, if that person returns into a family environment and a family system that hasn’t changed, with individuals who haven’t changed, and who have no understanding of recovery and the impact of their own behavior, then that person, the person we have spent 28 days or even a year preparing for a successful recovery, will be at a much greater risk for relapse. Generally, because the family dynamic (dysfunction) is such that it’s often much stronger than any change or desire for recovery that’s occurred within that individual.

This is usually when at least one family member will protest, “Wait a minute here, K.J. This is not my problem. It’s theirs. I shouldn’t have to do anything. They’re the problem, not me!” And this is my opening, my opportunity to help families to understand the impact the illness has had on the family. Not the impact of the individual, the impact of the individual who has an illness. A mental illness that has made the entire family sick.

Family members generally don’t see their loved one’s issue as a mental illness or if they do see their loved one as mentally ill, they don’t understand their own role or the role of the family in that mental illness. This is where helping family members understand the impact of issues like codependency and shame can make the difference between relapse and recovery.

Codependency can be defined as being obsessed with or addicted to controlling someone else’s behavior, although it manifests with an array of characteristics that make it much more complex than any single definition can fully capture. When it comes to codependency, it can be so insidious and so ingrained in some family systems that it’s often like trying to determine which came first, the chicken or the egg. Codependency, gone untreated, will contribute to relapse.

Shame is another issue that contributes to relapse and is not something that’s just experienced by the individual with the substance use disorder. It’s experienced by family members too. This shame, the family member’s shame, is often then imposed upon the individual with the substance use disorder, piling more shame upon their existing shame, and making it that much worse. This can often occur unwittingly by family members, although many times it occurs overtly, due to anger and frustration over their loved ones’ behavior while actively addicted. Either way, it’s extremely damaging to the recovery process.

The way in which I see shame manifest in family dynamics most often, is when a family member talks to or otherwise treats their loved one as if they are the illness and not someone with an illness. This is a subtlety that, in and of itself, can make it much more difficult for individuals to recover. Addiction is an illness.

It’s not who someone is as a person. Never-the-less, for some, it can become an identity, an identity that is all they’ve ever known, making it even harder to break free and get well. Family members can add to that difficulty by continuing to treat their loved one as if they are their addiction.

The words guilt and shame are often used interchangeably. However, they’re not at all the same. Guilt is external and can be thought of as healthy. Guilt often leads to seeking treatment. Whereas shame, on the other hand, is internal and unhealthy. I like to use the analogy of good cholesterol versus bad cholesterol. Guilt is good for us, shame is not. Guilt is “I feel bad about something I’ve done” and shame is “I feel bad about who I am.”

Because shame is internal, we often can’t see shame. In fact, shame is something that many people go to great lengths to protect or keep locked down and out of sight. Which means, that it can sometimes present as arrogance and entitlement and would seemingly appear to be the opposite of shame but is really a mask for internalized shame.

However it manifests, whether you can identify it or not, one thing is absolutely certain, if you have a substance use disorder, you’re generally experiencing a certain degree of shame, some more than others. Just as family members of those experiencing a substance use disorder will also experience their own degree of shame. The key, as the family member, is to understand the role and impact of shame, and be careful not to inflict more shame upon shame. Because if you do, you’re only making your loved one’s illness worse and more powerful.

Is it true that as a family member you didn’t cause it, you can’t control it and you can’t cure it? Absolutely! But one thing is also true. You can contribute to the illness and make it harder for your loved one to recover. By focusing on your own change and growth, you can begin to identify those behaviors that may be contributing to your loved ones’ illness. After all, we don’t know what we don’t know, until we know it. Through your own awareness and change process, you will be doing the one thing that will contribute the most to your loved ones’ success – your own recovery.

Dr. K.J. Foster is Founder of Fostering Resilience, LLC, Co-Founder of the Center for Sobriety, Spirituality & Healing and Family Program Director at the Beachcomber Family Center for Addiction Recovery. She is a Resilience Expert, Educator, Entrepreneur, Public Speaker, YouTube Creator, and Author of The Warrior’s Guide to Successful Sobriety, available at www.drkfoster.com
True You Recovery is a designated safe space for members of the LGBTQ+ community to access residential substance use treatment in a supportive, affirming environment.

800.345.5407 | 636-477-2136, OPT. 1 ADMISSIONS
4801 WELDON SPRING PKWY ST. CHARLES, MO
CENTERPOINTEHOSPITAL.COM

To Advertise, Call 561-910-1943

Call For Assessment 800-655-0817
info@waysidehouse.net
www.waysidehouse.net

90-Day Residential Treatment
Day/Night Services
Intensive Outpatient
Women 18 and Older
Pregnant Women
Outpatient Services
Medication Assisted Treatment
Employment Services

To Advertise, Call 561-910-1943
THE CORONAVIRUS DISEASE- COVID-19

By Dr. Asa Don Brown, Ph.D., C.C.C., D.N.C.C.M., F.A.A.E.T.S.

The Coronavirus Disease 2019 (COVID-19) has taken the world by storm. COVID-19 is a member of the coronavirus family, which has never been detected in humans before. There are seven known strains of coronavirus (CoV). Coronaviruses are derived from a variety of animals. The virus has many similarities to Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The viruses can cause illnesses ranging from the common cold to more severe health complications.

WHAT IS COVID-19?

At this time, what we know is COVID-19 is a virus that can cause respiratory difficulties (e.g. breathing, coughs); severe and persistent headaches; coughing up blood (hemoptysis); cause problems with the gastrointestinal system (e.g. diarrhea, indigestion); you may have an increased chance of problems with a variety of organs (in particular the liver, heart and kidneys) and it has the potential of causing organ failure; severe inflammation systemically; and it has been detected in blood and stool specimens.

The virus causes the infection through droplets that are transmitted as an airborne pathogen. If someone coughs or sneezes, the pathogen is then released and can be contracted through an individual’s mouth, nose, or eyes. The viral particles derived from these droplets proceed to travel through the nasal passages, on into the mucous membranes, finding their way to the respiratory tract.

The coronavirus is made-up of spiked like proteins that are capable of attaching themselves to the cell membranes. After attaching themselves to the cell membranes, they have an opportunity to enter the human cell. At this stage, the virus feverishly multiplies and mutates, taking over the metabolism of the cell.

As a clarification, the primary symptoms related to the COVID-19 begin with a sore throat and a dry cough. It is at this stage that the virus goes into hyper speed making its way down into the bronchial tubes, then it travels throughout the body via the bloodstream and targeting vital organs.

It has been reported that approximately 80 percent of individuals infected with the coronavirus will have mild-to-moderate symptoms. Approximately 20 percent of individuals infected will have more dire complications which can lead to loss of life. The incubation period lasts approximately 1-to-14 days and may be upward of 24 days. It has been reported that less than 5 percent of cases result in acute pneumonia, respiratory failure, septic shock, and multiple organ failure. The CDC and other health agencies are reporting that the recovery time for mild cases is approximately 2 weeks, and more severe cases can be upwards of 6 weeks.

Protecting yourself against the coronavirus

According to the CDC and WHO, the primary culprit is poor hygiene and cleanliness. The following are the CDC and WHO recommendations:

Wash your hands frequently

Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.

Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.

Maintain social distancing

Maintain at least 1 meter (3 feet) distance between yourself and anyone who is coughing or sneezing.

Why? When someone coughs or sneezes, they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

Avoid touching eyes, nose and mouth

Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

Practice respiratory hygiene

Make sure you and the people around you follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then, dispose of the used tissue immediately.

Why? Droplets spread virus. By following good respiratory hygiene, you protect the people around you from colds, flu and COVID-19.

If you have fever, cough and difficulty breathing, seek medical care early

Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.

Why? National and local authorities will have the most up to date information on the situation in your area. Calling in advance will allow your healthcare provider to quickly direct you to the right healthcare facility.

IS THE CORONAVIRUS A CASE OF MASS HYSTERIA?

Mass hysteria is an exaggerated or uncontrollable emotion driven by a group of people. We are living in an age of overreactive and social media driven hysteria. Mass hysteria has been the driving force behind a number of well documented events throughout history, including: Sri Lanka flu-like epidemic of 2012; Tourettes Epidemic of LeRoy, New York, of 2011; Tanzania Laughter Epidemic of 1962; and Salem Witch Trials of 1692-93.

Although, we live in a time of instant information, the information is not always guaranteed to be credible. We need to listen to what our local elected officials are telling us. We are facing a real pandemic but the mass hysteria is the primary force that is

Continued on page 14
WHAT IS A LEVEL 4 TRANSITIONAL CARE HOUSE?

Sunset House is currently classified as a level 4 transitional care house, according to the Department of Children and Families criteria regarding such programs. This includes providing 24 hour paid staff coverage seven days per week, requires counseling staff to never have a caseload of more than 15 participating clients. Sunset House maintains this licensure by conducting three group therapy sessions per week as well as one individual counseling session per week with qualified staff. Sunset House provides all of the above mentioned services for $300.00 per week. This also includes a bi-monthly psychiatric session with Dr. William Romanos for medication management. Sunset House continues to be a leader in affordable long term care and has been providing exemplary treatment in the Palm Beach County community for over 18 years.

As a Level 4 facility Sunset House is appropriate for persons who have completed other levels of residential treatment, particularly levels 2 and 3. This includes clients who have demonstrated problems in applying recovery skills, a lack of personal responsibility, or a lack of connection to the world of work, education, or family life. Although clinical services are provided, the main emphasis is on services that are low-intensity and typically emphasize a supportive environment. This would include services that would focus on recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility and reintegrating the individual into the world of work, education, and family life.

In conjunction with DCF, Sunset House also maintains The American Society of Addiction Medicine or ASAM criteria. This professional society aims to promote the appropriate role of a facility or physician in the care of patients with a substance use disorder. ASAM was created in 1988 and is an approved and accepted model by The American Medical Association and looks to monitor placement criteria so that patients are not placed in a level of care that does not meet the needs of their specific diagnosis, in essence protecting the patients with the sole ethical aim to do no harm.

FLORIDA’S MARCHMAN ACT
GET YOUR LOVED ONE INTO TREATMENT

Attorney Joe Considine handles Marchman Act cases in Florida with competence and compassion.

“The research informs us that involuntary commitment to treatment is at least as effective if not more effective than voluntary treatment.”
Joe Considine

5201 Village Blvd.
West Palm Beach, FL 33407
561-688-8081
www.joeconsidinelaw.com

To Advertise, Call 561-910-1943

Sunset House
A Better Tomorrow...Addiction Free!

Sunset House is a licensed, residential treatment program for men struggling with chemical dependency. We are committed to helping our men develop the skills necessary to lead sober and productive lives. Our goals are to safely and effectively transition our residents back into their communities with all of the tools necessary to maintain long-term, meaningful sobriety. Our clients are men looking for an affordable alternative to intensive inpatient treatment.

Early recovery can be a difficult experience; our program is intended to aid residents in body, mind and spirit at every step of the way.

If you or someone you love is struggling with addiction, call Sunset House today at 561.627.9701 or email us at mgordon@sunsetrecovery.org.

www.SunsetRecovery.org

Be A Loving Mirror
to your Loved One with SUD

FREE WEBINAR on The BALM 7Cs:
What Families Need To Know About Use Disorder
From March 16 - 31, 2020

Sign Up: http://bit.ly/Balm7Cs Or Call: (888) 998-2256
Many individuals with addiction to alcohol or other drugs also suffer from co-occurring depressive disorders. When someone has both disorders independently of the other, each is considered a "primary disorder." Alternatively, addiction can result in depressive symptoms that will improve with abstinence and recovery, and in this case, depression is considered a "secondary disorder." Addiction is always a primary disorder; it is not the result of another disease. It is important to know that individuals who have both primary disorders have a more difficult time achieving sobriety and have higher suicide risk. When their depression is treated, their chances of achieving long-term sobriety improve. When and when their addiction is treated, their chances of recovery from depression improve. This brings home the importance of understanding depression, and when and how it should be treated.

To understand depression, it is important to recognize that depression, like addiction, is a disease, and it is hard to grasp how different depression is from sadness, grief, disappointment, or other painful emotions that make up the human experience. One symptom of depression is an intensely sad, low mood sometimes with irritable moods and anger. But depression symptoms affect not only emotions, but every aspect of life including physical health, appetite and nutrition, sleep, sex, thinking patterns, spirituality, energy level, and social relationships. Again, like addiction, depression can end careers, school, marriages, friendships, and it can kill.

It is also important to understand that depressive disorders vary in their severity and can be mild, moderate, or severe. Depression can be a recurring disorder, with periods of relief between recurrences, or it can be constant. Based on what we know about addiction and depression, everyone who has both addiction and a primary depressive disorder needs treatment for both disorders, regardless of the depression severity or its pattern.

Like most mental disorders, including addiction, depression has a strong biological component, and it also has strong psychological, social, and spiritual components. As with other mental disorders, what we know about depression is a fraction of what we need to know and someday, I hope, we will know.

**When Does Depression Need to be Treated as a Primary Disorder?**

For patients and addictions specialists, an important question is how to decide when depression should be considered a primary disorder and treated. This is a matter of debate, and research results are not conclusive. Generally, one way to determine whether someone has a primary disorder of depression is timing. For example, if you are receiving addictions treatment and had depression as a child, whether or not it was diagnosed at the time, and started using substances as an adolescent, then it is reasonably certain that you have both depression and addiction, and that both are primary disorders. You need to be treated for both as soon as possible, and treated as if your life depends on it, which it does. However, this scenario might not apply to you. You might start addictions treatment and have depression symptoms, and it is unclear which came first. The second approach, then, is to wait until you have one to four weeks of sobriety and then assess your depression symptoms. If your depression symptoms improve with sobriety, then it is reasonable to conclude that your depression is secondary to addiction and that treatment for depression is not necessary. If you have achieved weeks of sobriety, and still meet the criteria for a depressive disorder, then it is likely a primary disorder and needs to be treated along with your addiction. Then there is the third approach, and this is where the debate takes place. Perhaps everyone starting addiction treatment who has symptoms of depression should be treated for depression regardless of whether depression is a primary or secondary disorder, and then should be reevaluated when they have a few weeks of sobriety. What is correct for you? In the first instance, if your depression pre dates your addiction, there really should not be a debate: Treat both. If you have been sober for months or years, practicing recovery principles, and you experience depression, there should not be a debate: Treat both. If you are just starting out and have just arrived in treatment, or if you are a family member of someone just starting out in treatment, there is no absolutely correct answer to the question of whether to treat depression immediately vs. wait for sobriety. I would be very skeptical if someone told me that they are certain of the correct answer. This is where your judgement and the judgement of your treatment team is essential.

**How is Depression Treated?**

Based on a large body of research, the best treatment for depression is a combination of medication and psychotherapy. There are different types of psychotherapies that are considered effective treatment for depression, including Cognitive Behavioral Therapy (CBT) and Interpersonal Psychotherapy. One fact to accept, and this is difficult, is that psychotherapy takes work and patience, and accepting that fact can be difficult for someone in pain who wants relief. As well, patience is even more difficult for people who have addiction, as Bill Wilson and Dr. Bob Smith wrote many years ago. Part of First Step is accepting that we have no control over how fast we heal; it is dangerous to believe that we are so powerful that we can determine how long healing should take.

Medication treatment for depression is complicated for people with addiction. A very helpful AA Pamphlet, *AA Member- Medications and other Drugs* discusses this in some depth. It was written by AA members who are also physicians with the help of two AA allies. One point the pamphlet authors make is that people with addiction are more likely to misuse medication, even nonaddictive medication, than others. People with addiction react differently to medications than others and may feel a compulsive need to take more than they are prescribed. They stress the importance of working with physicians who have experience with addiction, and for patients with addiction to practice complete honesty with their physicians. This is especially important because while most antidepressant medications are not addictive, several do have addiction potential. Without skill and without honest communication, a physician’s prescription pad can be a lethal weapon. Think about honesty and recovery as well: If you cannot practice honesty with your physician, you are very fragile and in danger of relapse already, and need to get support from your
June 8-12, 2020
Relapse Prevention Therapy Certification School

Workshop Location: GALLERYone Ft Lauderdale
2670 East Sunrise Boulevard, Fort Lauderdale, Florida, 33304

Terence T. Gorski developed the Relapse Prevention Therapy training to address the relapse process. This training will rank among the most comprehensive and effective that you have experienced. It is an advanced clinical skills training designed for all levels of behavioral health professionals/therapist who are good and want to get better. CENAPS Director of Training, Roland Williams been personally mentored by Mr. Gorski and has instructed workshops world-wide.

Instructor: Roland Williams - Training Fee: $795
44-NAADAC, CCAPP, FCB-Continuing Education Units
4.4-NBCC/ACEP Clock Hours

Upon completion of the training, participants will be able to develop comprehensive Relapse Prevention Therapy Plans, for both clients and themselves, for managing core personality (character defects) and lifestyle problems that lead to relapse in later recovery after initial stabilization.

To register for the training, or for more information, visit: www.cenaps.com, call: 352-596-8000, or email: tresa@cenaps.com.
*Loging and travel sugestions provided on website.

Gorski-CENAPS Corporation

Visit gorskibooks.com to find CENAPS Publications.
ARE WE DOING OUR BEST IN THE ADDICTION TREATMENT INDUSTRY?

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

The question of whether we are doing our best in addiction treatment, is an issue of decency and human kindness. It cannot be addressed in facts and figures, spreadsheets and pie charts. It cannot be found in the bottom line of business profits or losses, and is not dictated by the trappings of beach front properties with million-dollar views. It can only be revealed in the individuals we save, the families we reunite, the restoration of hope, and the possibility of a tomorrow that can bring light into a life of darkness.

Understanding that each individual who walks through our doors is deserving of nothing short of our best efforts. This is paramount to the true success of their recovery and our industry. There have been many losses in the war against addiction, perhaps none greater than the loss of humanity in the very places those with addiction seek refuge and recovery. The hypocrisy of the situation should not be lost on us, as we operate to restore the love and hope in the recovering addict, while we slowly lose our own.

By no means does this mean that all in our profession have lost their way. In fact, I have witnessed acts of kindness and grace that have left me humbled in the generosity witnessed. The people who have remained steadfast in their mission to do all they can for those in their charge is our bastion of hope for the future of treatment centers. Yet, those heroic individuals can only hold out so long with the decimation of the industry they work within.

I will concede that the industry faces issues that are impossible to ignore and cannot be swept away with a blissful thought or the best of intentions. Costs of quality care, insurance issues, regulations and public scrutiny, seem to hover over our heads like a swinging guillotine, creating an impending doom that we fight against every day. It is correspondingly true that we also have within our industry, those who have brought the hammer and nails to build the device of our dismay. While many have not participated in the creation of these concerns, a few have willingly slid down the moral hill, gathering money on the way and dragging the well intentioned along with them. So where do we go from here.

While attention must be paid to the aforementioned problems, and keeping the doors open, we must concentrate on those we serve. The people who turn to us in the worst hour of their life, with the faintest of hope, are praying that we hold the answer to their turmoil and pain, which they exist in every day. It is our mission, our responsibility to help. In this, we must not fail. For the purpose of brevity, let us spend a few moments of reverent thought on those we are trying to help, and the impact we could have on their lives.

The Mom. She has suffered from substance abuse for several years and has now come to us for help. Her daughter is home waiting for her return with little or no understanding of what is happening, and is in constant fear of never seeing her mother again. The successful return of her mother is more than a graduation from a treatment program. It is the beginning of girls’ night with movies and popcorn, it is having someone to get you through your first crush, it is shopping for the perfect prom dress. There is an abundant number of experiences and moments that are restored through our caring and guidance. To see a mother’s recovery as anything less than a family restored, is a failing to that person.

The Dad. He has struggled with alcoholism for some time and is in eminent danger of losing his family, job and life. While his family is in chaos and his health is failing, he also has several employees that have placed their livelihood and trust in his ability to lead. His return after successful treatment would mean the safety and stability of many families. While he revels in his recovery, those around him find their lives better as well. There is never just one person impacted, and for each person we do not apply all our best efforts to, many are adversely affected as well.

The Son. He has found himself completely lost in his addiction and has disconnected from everyone who cares about him. Though separated from those who love him, they are always connected to the pain of his addiction. Families tear each other apart with blame and confusion, all the while praying that one day their son will return to them, healthy and restored. Our access may only be to the son, but each moment we spend on his care is a moment in service to the entire family.

Each person we see is someone’s mother or father, son or daughter, husband or wife. Every life is significant and deserving of our care, our patience, our understanding and yes, our love. It cannot be overstated that we are in many cases, the last hope. The responsibility is great, and often overwhelming, but that is why we exist.

The impact of what we do, and how we do it, goes far beyond the individual who finds themselves in our care. What we do must go beyond business as usual. We must reach deep into our hearts, into the qualities within each of us, that made us choose to take up the mantle of addiction treatment to begin with.

Change in our industry is constant, and the troubles are plentiful. There will always be a new challenge or roadblock in our efforts to help those in need. Without the common grounds of decency and kindness that we can all share, we are in more peril than those we treat.

I implore each of us, individually and collectively, to ask, “Are we doing our best?”

John Giordano is the founder of ‘Life Enhancement Aftercare & Chronic Relapse Recovery Center,’ an Addiction Treatment Consultant, President and Founder of the National Institute for Holistic Addiction Studies, Chaplain of the North Miami Police Department and is the Second Vice President of the Greater North Miami Beach Chamber of Commerce. He is on the editorial board of the highly respected scientific Journal of Reward Deficiency Syndrome (JRDS) and has contributed to over 65 papers published in peer-reviewed scientific and medical journals. For the latest development in cutting-edge addiction treatment, check out his websites: www.PreventAddictionRelapse.com www.HolisticAddictionInfo.com
Pregnancy is one of the most meaningful chapters of any mom’s life.

For moms-to-be struggling with substance abuse or mental health disorders, it can also be one of the most difficult. Research shows that if mom is battling addiction, her newborn will come into the world battling it, too. Without proper treatment, both mom and baby’s lives can be at risk.

Retreat offers comprehensive prenatal care that focuses on mom and baby simultaneously. Our on-site OBGYN works with closely with our patients, on behalf of their families’ futures.

Find us on Social:

www.RetreatBehavioralHealth.com | 855.859.8810
As the most affluent country in the world, America should know better. We are suffering a decades-long health crisis that is, bite by bite and pound by pound, killing us. We are gorging ourselves to death like zombies lined up at the all-you-can-eat smorgasbord.

Obesity rates in the United States are among the highest in the world. Two out of every three Americans are overweight or obese, and the Centers for Disease Control and Prevention (CDC) estimated 21 percent of teens, and 14 percent of preschoolers are obese. The Journal of American Medicine reported that non-Hispanic blacks have the highest age-adjusted rates of obesity (48.1%) followed by Hispanics (42.5%), non-Hispanic whites (34.5%), and non-Hispanic Asians (11.7%). Obesity is higher among middle age adults age 40-59 years (40.2%) and older adults age 60 and over (37.0%) than among younger adults age 20–39 (32.3%).

In 1985, no state had an obesity rate higher than 15 percent, but in 2016, five states had rates over 35 percent. The latest federal data show that nearly 40 percent of American adults were obese in 2015–16, up from 34 percent in 2007–08. The prevalence of severe obesity also went up during the same period, from 5.7 percent to 7.7 percent.

**Major health issue**

Obesity, a major health issue involving an excessive amount of body fat, is defined as a body mass index (BMI) of 30 or higher, whereas extreme obesity is defined as a BMI of 40 or more. According to a recent scientific report from the 2015 Dietary Guidelines Advisory Committee, our eating habits as a country are making us sick. "The economic and social costs of obesity and other diet- and physical activity-related chronic disease conditions are enormous and will continue to escalate if current trends are not reversed," the report concluded. Personal health columnist Jane Brody has warned of a continued rise in obesity, including severe obesity, among American adults. She writes:

> A prestigious team of medical scientists has projected that by 2030, nearly one in two adults will be obese, and nearly one in four will be severely obese...In as many as 29 states, the prevalence of obesity will exceed 50 percent, with no state having less than 35 percent of residents who are obese, they predicted.

The Organization for Economic Co-operation and Development (OECD) estimated that 3/4 of the American population will likely be overweight or obese by 2020 and an earlier CDC study (2019) concluded that half of U.S. adults will be obese by 2030. The U.S., with the highest rate of obesity within the OECD, will tally severe obesity as the most common weight category among women, non-Hispanic black adults, and low-income adults nationally, in the next decade

America’s health crisis has led to a dramatic increase in a cluster of chronic diseases such as hyperlipidemia, cardiovascular disease, and cancer. Obesity is a primary contributor to over 120,000 annual preventable deaths in the U.S. including:

**Cancer:** Excess body weight causes about 40,000 cancer-related deaths each year, such as cancers of the colon, breast (after menopause), endometrium (the lining of the uterus) and esophagus. Studies have also reported links between obesity and cancers of the ovaries, pancreas, cervix, endometrium, rectum, liver, and prostate. Research published in the British Medical Journal discovered links between an increase in BMI and a higher risk for cancers of the pancreas, kidney, bone marrow and biliary tract.

**Premature Death:** Obesity raises the risk of premature death and accounts for 18 percent of deaths among Americans ages 40 to 85. It kills as many people as cigarette smoking which kills one of five Americans and is the leading preventable cause of death in the United States.

**Gallbladder Disease:** Obesity increases the likelihood that you’ll develop heartburn, gallbladder disease and liver problems. Ironically, weight loss itself, particularly rapid weight loss or loss of a large amount of weight, can make you more likely to get gallstones. Losing weight at a rate of about 1 pound a week is less likely to cause gallstones.

**Heart Disease:** Obese people are between 1.5 to 2.5 times more likely to die of heart disease. The Metabolic Syndrome is a combination of excess body fat, abnormal cholesterol levels, and physical inactivity, leading to type 2 diabetes, high blood pressure and abnormal blood lipids, greatly increasing the risk of heart disease and stroke.

**Type 2 diabetes:** An estimated 86 million Americans have prediabetes. Most people who have type 2 diabetes are overweight or obese. If you have type 2 diabetes, losing weight and becoming more physically active can help control your blood sugar levels and reduce your need for diabetes medication. Obesity can affect the way your body uses insulin to control blood sugar levels. This raises your risk of insulin resistance and diabetes.

**Osteoarthritis.** Obesity increases the stress placed on weight-bearing joints, in addition to promoting inflammation within the body. These factors may lead to complications such as osteoarthritis.

**Quality of life:** Obesity contributes to depression, physical disability, sexual problems, shame and guilt, social isolation, and lower work achievement. You may not be able to do things you used to do, such as participating in enjoyable activities. People with obesity may even encounter discrimination.

**Financial costs:** The economic costs of obesity are staggering. An obese person in the U.S. incurs an average of $1,429 more in medical expenses to Medicare, Medicaid, and private insurers, and, according to the CDC (2008), the annual medical cost of obesity in the United States was approximately $147 billion in direct and indirect costs. Direct costs included preventive, diagnostic, and treatment services related to weight, while indirect costs captured absenteeism and loss of future earnings due to premature death.

**Opioids:** There are striking parallels between obesity and the opioid crisis. The obesity epidemic may be partially responsible for the high prevalence of prescription opioid use in the United States. Opioids accounted for around two-thirds of the 64,000
DEPRESSION AND ADDICTION

Stephen M. Lange, Ph.D.

Continued from page 8

sponsor and others.

One of the difficult facts about medication treatment for depression, generally, is that there are many antidepressant medications. Some will work for any one individual and some will not. This means that you may need to try several medications before finding the one that is right for you. A trial of a single medication can take 6-8 weeks, and patients often abandon a medication too soon. Sometimes patients will decide that no medication will work after their first medication trial does not lead to improvement. Finally, antidepressant medication is daily medication. I regularly meet people who try to take their medication as needed, “only on bad days,” and are disappointed when they find out that this does not work. For medication to work, it is essential to commit to trying a medication for 6-8 weeks before deciding whether it works, to trying more than one medication if necessary, and to taking medication as prescribed.

I strongly encourage my patients to have their medications prescribed by a psychiatric practitioner, either an MD or ARNP trained in psychiatry. Some primary care physicians manage psychiatric medications well, but their practice model is not conducive to the management of psychiatric medications, which is too labor intensive for a primary practice. As already mentioned, everyone with addiction needs to find providers who are skilled at treating patients with addiction.

Medications, Psychologists, Psychiatrists, Bill W., and Dr. Bob

Some people who practice the 12-Steps believe that you are not in recovery if you take antidepressant medications. Ask them to please show you where in the AA or NA book you can find this information. Also ask if they have read the AA Big Book chapter “The Family Afterward” that that says, in part, that G-d has endowed this world “with fine doctors, psychologists and practitioners of various kinds” and that “their services are indispensable” (p.133). Finally, ask them if the Big Book encourages us to judge each other or to tell each other what to do. Read the AA pamphlet mentioned above and especially its warning to disregard medical advice by lay people. Then make up your mind.

Healthy Behaviors and The Cycle of Depression

Whether it is visiting family, attending church, synagogue, temple or mosque, running, walking in the woods, gardening, working out, playing the piano, or other, one of the symptoms of depression is that we hoard energy and hole up in out “lairs.” This means that we stop the activities that are physically, spiritually, and emotionally healthiest for us. To break the cycle of depression, it is important to gather our willpower and energy to restart one healthy activity at a time. Because all-or-nothing thinking is a depression symptom, I always warn patients that they are not going to suddenly recover from depression by going to church, running... or other, but that they should restart the activity merely because it is healthy. Feeling their moods lift will be a welcome change if it happens, but no one should expect one change in life to be a silver bullet.

Most first line depression medications increase the brain’s ability to use Serotonin and/or Norepinephrine. There are two healthy habits that help accomplish the same objectives. Sunlight exposure increases Serotonin availability in the brain, and moderate physical exercise increases Norepinephrine availability. Sunlight exposure between breakfast and lunch also resets our brain’s clock and helps with daytime alertness and nighttime sleep. Of course, consult your doctor before starting to exercise or increasing your sun exposure.

Spending time each day rating our day on a one to five scale of healthy mood versus depressed mood can help us realize that our mood is not constant and does change. It is too easy to believe that our depression is permanent and unchanging. When we understand that our moods are not constant, we can begin to see light at the end of the tunnel. This practice can also help us recognize when we have what Solution Focused Psychotherapy calls “islands of health.” Knowing where our islands are can help us build more islands. Other healthy habits include practicing gratitude and mindfulness meditation.

Peer support from NAMI is another great healthy idea.

Mind and Body are One System

There are physical illnesses that can mimic depression and can co-occur with depression. Some of these are undiagnosed diabetes mellitus, hypothyroidism, adrenal insufficiency, low testosterone in both males and females, and depressions that are related to menstrual cycles. Vitamin D deficiency and deficiencies in some B vitamins can worsen depression. Part of an evaluation for depression should be a history and physical examination with labs. This can take some convincing and insisting. Not all physicians take a holistic view. Some believe that a problem is either psychiatric or physical as if mind and body are not one interactive system. This is called Descartes’ Error, which is also a title of a good book.

If you have depression as a primary disorder you can collaborate with your physician, to explore how nutritional supplements, including vitamins and omega-3 fatty acids, can help depression.

Take Away Lessons as Bullet Points

1. People with addiction can have depression as a co-occurring primary disorder.
2. Untreated primary depression is dangerous for people with addiction (and for people who do not have addiction, too!).
3. Treatment should include both psychotherapy and medication treatment.
4. Treatment for depression takes time and work. Sticking to a treatment plan is important for success. Practice patience.
5. Our healthy habits can help us recover from both depression and addiction. Spiritual practice, meditation, exercise, and sun exposure are some of these healthy habits.
6. Our minds and bodies are one living system. Making sure that your mood is not adversely affected by medical issues is an important part of depression treatment. There may be some nutritional supplements that can help your depression.

Steve Lange is a grateful family member of amazing women in recovery. He is also a psychologist who works with those in active addiction and recovery. Steve has appeared on radio and in print as an expert in mental health, addiction, and child development. He is an avid admirer of Bill and Lois W., and Dr. Bob.
causing toiletries, paper towels, hand sanitizer and other products to fly off the shelf.

Statistically, there is almost no comparison of the coronavirus to the flu. The flu has killed, by far, more individuals than the coronavirus has in this season. Yet, we know much less about the coronavirus than we do the flu. According to Johns Hopkins Medicine, in 2019, there were an estimated 1 billion cases of the flu worldwide. On average, the flu causes 291,000 to 646,000 deaths worldwide per year.

Infections


Flu: Estimated 1 billion cases worldwide; 9.3 million to 45 million cases in the U.S. per year.

Deaths


Flu: 291,000 to 646,000 deaths worldwide; 12,000 to 61,000 deaths in the U.S. per year.

CALMING THE FEARS

“The outbreak of a disease doesn’t mean your life should come to a halt and your health should suffer. You should continue exercising and eating well. Get good sleep. Use relaxation techniques and listen to the experts and health care providers.”

~ Michael Dowling

While there is a real urgency for caution, there is also an overwhelming urgency for calm. My greatest concern is that the driving force of this pandemic may cause those who have no signs or symptomology to develop other chronic fears, anxieties and medical conditions. Heightened fears and anxieties will not make you feel safer. Compulsive and impulsive purchases will not protect you from the virus. It is important that you take care of your physical and mental health. Follow what your state and county are advising you to do. The sky is not falling and life will return to normal. The most prudent thing that people can do at this time, is to take commonsense approaches to reduce your risk of exposure.

Dr. Asa Don Brown is one of the most sought-after speakers in the world today. Whether it’s learning how to recover from the effects of trauma or learning to live an effective life, Dr. Brown has an array of speech topics that can cater to your organization or company’s needs. As a clinician, Dr. Brown found that if you want to genuinely reach people; you must reach them through positive communication, interaction, energy and leadership.

asadonbrown.com

Our country is facing a very difficult time right now, but rest assured it is temporary. We all need to help one another, and this too will become a distant memory - but a memory, that none of us will ever forget. Please stay safe

~Patricia
ADDICTION RECOVERY BEGINS HERE.

McLean’s Signature Recovery Programs specialize in teaching the skills necessary for sustained recovery from drugs and alcohol while also treating common co-existing conditions such as depression and anxiety.

It’s not easy, but together, we will find the answers.

To learn more, visit mcleanhospital.org/addiction