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Antidepressants and Breast, Ovarian Cancer Link Suggested

Women's Media Center
August 1, 2011

by Lisa Cosgrove of the Harvard Center for Ethics



Are you one of the thousands of women currently taking anti-depressants? A recent review indicates that these medications are not risk free, particularly for women.

The analysis of published studies suggests a link between breast and ovarian cancer and antidepressant drug usage. The review, which found an 11 percent increased risk overall in both breast and ovarian cancer for patients taking such medication, points to a need for further investigation, particularly since the results varied widely depending on who funded the research.

"I would want to consider nondrug treatment if I was mildly depressed, given our data," said Lisa Cosgrove of the Harvard Center for Ethics, who led the review of 61 studies. The increased risk was indicated with even short term or low dosage use of the medicine, and the link appeared strongest in cases of the widely used SSRI class of antidepressants (selective serotonin reuptake inhibitors).

Women are given a diagnosis of depression two times more often than men, and with over 11 percent of the United States population on antidepressant drugs, these new findings should have everyone concerned. In today's "quick fix" world of medicine, antidepressants are prescribed for many conditions besides signs of depression. The wide range of other symptoms include headaches, neck and back pain, eating disorders, anxiety, fibromyalgia, and—even more unsettling given the link suggested by the review—often for hot flashes for women who have had breast cancer and cannot take estrogen.

What is also disturbing is that the research results vary widely depending on whether a study was funded by the pharmaceutical industry or considered "clean" research—research done with no ties to Big Pharma. Not one study funded by the pharmaceutical industry reported a link between breast and ovarian cancer and the use of antidepressants. However, the "clean" research reported a 43 percent link between antidepressants and increased risk of the two types of cancer. One must wonder, how is it possible that not one of the industry funded studies yielded any linkage?

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Rethinking Addiction's Roots and It's Treatments

Neuro-Psycho-Physio-Spiritual-Logical Regime for Sustainable Addiction Recovery
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The New York Times Health

By DOUGLAS QUENQUA

Published: July 10, 2011

There is an age-old debate over alcoholism: is the problem in the sufferer's head — something that can be overcome through willpower, spirituality or talk therapy, perhaps — or is it a physical disease, one that needs continuing medical treatment in much the same way as, say, diabetes or epilepsy?



Increasingly, the medical establishment is putting its weight behind the physical diagnosis. In the latest evidence, 10 medical institutions have just introduced the first accredited residency programs in addiction medicine, where doctors who have completed medical school and a primary residency will be able to spend a year studying the relationship between addiction and brain chemistry.

"This is a first step toward bringing recognition, respectability and rigor to addiction medicine," said David Withers, who oversees the new residency program at the Marworth Alcohol and Chemical Dependency Treatment Center in Waverly, Pa.

The goal of the residency programs, which started July 1 with 20 students at the various institutions, is to establish addiction medicine as a standard specialty along the lines of pediatrics, oncology or dermatology. The residents will treat patients with a range of addictions — to alcohol, drugs, prescription medicines, nicotine and more — and study the brain chemistry involved, as well as the role of heredity.

"In the past, the specialty was very much targeted toward psychiatrists," said Nora D. Volkow, the neuroscientist in charge of the National Institute on Drug Abuse. "It's a gap in our training program." She called the lack of substance-abuse education among general practitioners "a very serious problem."

The new accreditation comes courtesy of the American Board of Addiction Medicine, or ABAM, which was founded in 2007 to help promote the medical treatment of addiction.

The rethinking of addiction as a medical disease rather than a strictly psychological one began about 15 years ago, when researchers discovered through high-resonance imaging that drug addiction resulted in actual physical changes to the brain.

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International Neural Renewal Center Opens in Estes Park, CO

Therapy Focuses on Releasing Repressions and Enhancing Mental Efficiency
August 8, 2011. Estes Park, CO. Dr. Judith Miller, CAC III, Registered Psychotherapist, has announced the opening of the International Neural Renewal Center at Mindful Solutions at 356 East Elkhorn Ave. Suite 9 in Estes Park, CO.



The International Neural Renewal Center will focus on restoring the brain's neurochemistry by gently releasing repressions and enhancing mental efficiency using a biofeedback stimulation called L.E.N.S - Low Energy Neurofeedback System to correct neurological pathways compromised by physical and emotional trauma. Treatments are non-invasive, painless and can lead to dramatic improvement in chronic debilitating neurological conditions. Because LENS works like a tune-up for the brain, it also enhances the outcome for other therapies.

People suffering the effects of brain injury, extreme stress, emotional trauma, attention deficit disorder, fibromyalgia, chemotherapy, and chemical dependence have benefited greatly from neurofeedback. LENS Therapy corrects dysfunctional nerve pathways. Brain maps depict the brain returning to normal after treatments.

LENS Therapy can be used for: Autism Spectrum Disorders, Anxiety, ADHD, Addictive Behaviors, Cerebral Palsy, Head Injuries, Migraine Headaches, PTSD and Seizure Disorders.

The LENS system sends information directly to the brain in its own language using subtle electromagnetic impulses that are not seen, heard, or felt. These impulses gently stimulate the brain's awareness of new possibilities. The patient only needs to sit quietly during a treatment session so that an accurate measure of the brain's resting brain waves can be detected, amplified, modified, and fed back to the brain so as to stimulate its reaction.

LENS has the highest safety rating available from the FDA and is the only biofeedback device with this rating. The amount of stimulation going to the brain is less than the electrical stimulation from a watch battery.

Dr. Miller is seeing clients by appointment only. She can be contacted at 970-406-7912 or 719-541-4912 or by email at dr.jmiller@c2cranches.org

The Recovery Bill of Rights

The Recovery Bill of Rights is a statement of the principle that all Americans have a right to recover from addiction to alcohol and other drugs. It was developed and adopted by Faces & Voices of Recovery's board of directors and has been endorsed by allied national organizations. We call on all Americans and our elected officials to take action to build communities of recovery that will support the more than 22 million Americans and their families still needing help and to end discrimination facing millions in long-term recovery .



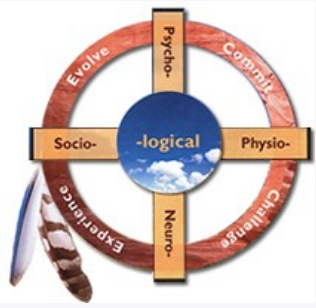
The Bill of Rights will improve peoples' lives, their families and their communities if we treat addiction to alcohol and other drugs as a major public health and social care concern. To overcome these concerns we must accord dignity to people with addiction and recognize that there is no one path to recovery. Individuals who are striving to be responsible citizens can recover on their own or with the help of others. Effective help can be rendered by mutual support groups, social care, voluntary sector services, health care professionals. Or any combination of these.

Recovery can begin in a doctor's office, A&E Department, treatment center, church, prison, peer support meeting or in one's own home. Recovery happens every day across our country and there are effective solutions for people still struggling. Whatever the pathway, the journey will be far easier to travel if people seeking recovery are accorded respect for their basic rights.

- 1. We have the right to be viewed as capable of changing, growing and becoming positively connected to our community, no matter what we did in the past because of our addiction.**
- 2. We have the right, as do our families and friends, to know about the many pathways to recovery, the nature of addiction and the barriers to long- term recovery, all conveyed in ways that we can understand.**
- 3. We have the right, whether seeking recovery in the community, a physician's office, treatment center or while incarcerated, to set our own recovery goals, working with a personalized recovery plan that we have designed based on accurate and understandable information about our health status, including a comprehensive, holistic assessment.**
- 4. We have the right to select services that build on our strengths, armed with full information about the experience, and credentials of the people providing services and programs from which we are seeking help.**
- 5. We have the right to be served by organizations or health care and social service providers, that view recovery positively, meet the highest public health and safety standards, provide rapid access to services, treat us respectfully, understand that our motivation is related to successfully accessing our strengths and will work with us and our families to find a pathway to recovery.**
- 6. We have the right to be considered as more than a statistic, stereotype, risk score, diagnosis, label or pathology unit - free from the social stigma that characterizes us as weak or morally flawed. If we relapse and begin treatment again we should be treated with the dignity and respect that welcomes our continued effort to achieve long term recovery.**
- 7. We have the right to a health care and social services system that recognizes the strengths and needs of people with addiction and coordinates its efforts to provide recovery based care that honors and respects our diverse backgrounds and cultural beliefs.**
- 8. We have the right to be represented by informed policymakers who remove barriers to educational, housing and employment opportunities once we are no longer misusing alcohol or other drugs and are on the road to recovery.**
- 9. We have the right to respectful non-discriminatory care from all service providers and to receive services on the same basis as anyone else who uses health, voluntary or social services. The criteria of 'proper' care should be decided exclusively between our service providers and ourselves. It should reflect the severity, complexity and duration of our problems and provide a reasonable opportunity for recovery maintenance.**
- 10. We have the right to treatment and recovery support in the criminal justice system and to regain our place and rights in society once we have served our sentences.**

Overdose Victims

Pictures of overdose victims not for shock value, but rather in the hope that you will have a frank discussion with friends and family about respecting moderation, understanding limits, and knowing when to just walk away.



Rally for Recovery 2011

Our goal is for 100,000 people to turn out for recovery across the nation .



Faces & Voices of Recovery will be working with local & state recovery community organizations and allies to hold **Rally for Recovery!** marches, walks, town-hall meetings, picnics and other events all on the same day – **Saturday September 24, 2011** as part of **National Recovery Month**.

Faces & Voices of Recovery is pleased to partner with **PRO-ACT** as the national hub for the 2011 Rally for Recovery!

Rally for Recovery Online! Join our online recovery tally and help us raise the national profile of the recovery community by sending us media coverage, photos and any other highlights of your Rally.

Our goal is for 100,000 people to turn out for recovery across the nation as part of Rally for Recovery! At the events, people in recovery, their families, friends and allies are encouraged to participate in civic life through voter registration and education and celebrate their growing visibility. They are joined by a vast array of elected officials, celebrities, public officials, law enforcement officers and allies. Each Rally for Recovery! event reflects the interests of organizers, frequently combining family activities like face painting, music and food with advocacy activities like walks around the State Capitol and opportunities to meet and speak with elected officials. People from around the country will be calling in to the Philadelphia "hub" to report on the number of walkers, runners and participants at their local events, raising the national profile of the growing recovery movement.

Register your event with us!