

Integrating Holistic Modalities in Addiction Recovery

Use Your Brain for a Change



October 2011

Volume 3 Issue 1

Courage to Change Addiction Recovery Ranch Brains on the Range

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info@c2cranches.org
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Drunk Driving Down 30 Percent

The Huffington Post
October 4, 2011
By Mike Stobbe



ATLANTA — Drunken driving incidents have fallen 30 percent in the last five years, and last year were at their lowest mark in nearly two decades, according to a new federal report.

The decline may be due to the down economy: Other research suggests people are still drinking as heavily as in years past, so some may just be finding cheaper ways of imbibing than by going to bars, night clubs and restaurants.

“One possibility is that people are drinking at home more and driving less after drinking,” said Dr. Thomas Frieden, director of the Centers for Disease Control and Prevention. The CDC statistics – released Tuesday – are based on a 2010 national telephone survey of about 210,000 U.S. adults. The respondents were kept anonymous.

Nearly 1 in 50 said they’d driven drunk at least once in the previous month. That equates to about 4 million Americans driving drunk last year. About 60 percent said they drove drunk just once, but some said they did it daily. That led to a CDC estimate of more than 112 million episodes of drunk driving

in 2010. That’s more than 300,000 incidents a day. CDC officials lamented that finding; still, it was the lowest estimate since the survey question was first asked in 1993, and down significantly from the 161 million incidents in the peak year of 2006.

Young men ages 21 to 34 were the biggest problem, accounting for just 11 percent of the U.S. population but 32 percent of the drunken driving incidents. The overwhelming majority of drunk driving incidents involve people who had at least four or five drinks in a short period of time. But binge drinking has not been on the decline, other health research suggests.

The National Highway Traffic Safety Administration has also noted signs of an apparent recent decline in drunk driving. According to that agency’s latest data, the number of people killed in U.S. crashes involving alcohol-impaired drivers dropped from 11,711 in 2008 to 10,839 in 2009.

“While the nation has made great strides in reducing drunk driving over the years, it continues to be one of the leading causes of death and injury on America’s roads – claiming a life every 48 minutes,” added David Strickland, the agency’s administrator, in a prepared statement.



LENS Foundations Training

Len Ochs Ph.D.,
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System will be training
a select group of
professionals on how
to correctly use and
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INRC
356 E. Elkhorn Ave. Suite 9
Estes Park, CO
970-577-6465

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Many Hands Holistic Magazine

By Peter May

I have been practicing chiropractic since 1986. While I remain amazed by the elegant simplicity and powerful healing effects of a chiropractic adjustment in improving body structure and function, I am in awe of the profound and quickly-realized, life-changing health effects achieved from optimizing brain function with LENS, or Low Energy Neurofeedback System.

Unlike traditional biofeedback in which you have to take time to actively train to regulate your brainwaves, LENS is passive, and the results are fast. All you do is sit there. For a fraction of a second, a tiny and imperceptible electromagnetic signal (1/1,000 of what surrounds your cell phone) is delivered. Your brain interacts with the signal on its own and self-rectifies. You don't do, feel, or take anything. Amazingly, many people notice significant changes within four visits. LENS acts like a catalyst that activates the brain's own capacity for self-regulation, to restore optimal brain function.

Neuroscientists believe that the brain's defense against significant stressors and trauma creates neural gridlock.

This manifests as a variety of functional brain problems including anxiety, depression, insomnia, learning disabilities, fibromyalgia, migraine and more. The LENS is so subtle that it can work around these defenses.



Addressing the brain in its own electromagnetic language, LENS seems to open the way for the brain to defragment and reboot, to optimize its function.

Clearing the neural gridlock improves the flow of neural traffic, resulting in increased energy levels, improved mental clarity, focus and mood, better sleep, and a decrease in anxiety, depression, and brain-generated pain associated with fibromyalgia and migraine.

Treatment with LENS is individualized and totally patient-driven. Developing the treatment plan is a two-way feedback process, just like the system itself.

The first visit takes about 45 to 60 minutes. Intake forms and a one-on-one discussion help us determine treatment goals and our parameters and protocols for care. We then map the brain and begin treatment.

Subsequent visits take 15 to 30 minutes, in which time we discuss treatment response, make any appropriate changes in protocols, and continue to treat.

Since 1992, with over 50,000 patients treated, LENS has never created a new negative symptom, or triggered a sustained adverse response in anyone. But, it has significantly helped most of those treated, and its' positive effects are enduring. The average number of sessions to restore "brain homeostasis" (optimal functioning) is between 15 and 20, with most experiencing noticeable improvement in four to six sessions.

More significant problems like severe familial depression, autism, post-stroke recovery, or significant brain injury may take longer. LENS can also help with peak performance, or enhance psychotherapy, meditation or spiritual practice.



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Addiction is a Brain Disease Experts Declare

Los Angeles Times
August 16, 2011
By Rosie Mestel

Addiction is “not simply a behavioral problem involving too much alcohol, drugs, gambling or sex,” the American Society of Addiction Medicine declared this week. Instead, the society notes, “Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.”

In other words, addiction is not just about the act of raising a bottle to the lips, drawing deeply on a cigarette or bingeing guiltily in chocolate bars in private. There just might be something amiss in your head that compels you to behave that way.

“The disease is about brains, not drugs. It’s about underlying neurology, not outward actions,” said Michael Miller, past president of the ASAM who oversaw the crafting of the society’s new definition, in a statement.

No kidding. Well do I recall that time as a kid when I caught my mom crawling around on all fours with a herniated disk trying to find a cigarette somewhere in the house. Out of intellectual curiosity I asked her (kids are so cute) whether -- right at that



moment -- she’d rather have a huge bowl of lovely ripe strawberries with lots of sugar and lashings of whipped cream all over them or a stubbed-out cigarette covered in mud rescued from a rainy gutter. “The cigarette end,” she said, and shot me a dark look.

“This is the first time ASAM has taken an official position that addiction is not solely related to problematic substance use,” a statement from the society notes. The association’s new definition of addiction can be read in its entirety at the ASAM website.

The move would seem not exactly radical. Neuroscientists have been saying for years that addiction is a chronic disease of the brain. There are stacks of studies to back up the chronic-disease theory – changes in brain circuitry,

changes in the way that genes in the brain are turned on or turned off. Some of these changes may persist for years – possibly forever – even after a person has given up a habit.

But just because something’s widely accepted professionally doesn’t mean it’s widely accepted out there in the world. At the website of the National Institute on Drug Abuse, you’ll see colorful PET scan images that attempt to drum home the point: One is of a normal brain and one of a cocaine abuser: metabolically, they look quite different. Right next to that pairing is another set of images, of two hearts – one healthy, one diseased. Again, the images look quite different. There would be no controversy over declaring one of the hearts physically diseased. That can’t be said for addiction, even in the face of all the evidence.

To craft their statement, the American Society of Addiction Medicine received input from 80 experts and consulted with the National Institute on Drug Abuse. The process took four years.



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RT.com
September 19, 2011

Drug abuse is now responsible for killing more Americans than car crashes, reveals a new report from the Los Angeles Times.

An ongoing surge in prescription drug abuse has helped put the tally of Americans killed by narcotics — legal or otherwise — at a figure more substantial than those that are victims of automobile accidents. The LA Times notes that 37,485 deaths were caused by drug use in 2009, while only 36,284 Americans were killed in car crashes.

As cutting-edge safety features are implemented in more and more automobiles, deaths caused by car crashes have declined in recent years. Traffic fatalities have dropped off by more than a third since the early 1970s thanks to air bags, seat belts and more modern safety features. But as more and more Americans are popping pills, with or without a physician's prescription, drug-related deaths have surpassed those caused by cars for the first time since the government began keeping track over 30 years ago.

Earlier statistics have signaled that nearly half of the states in the US have had more drug-related deaths than car crash fatalities in years past, but for



the first time the nation's total number of drug deaths have surpassed that of auto accidents.

Drug abuse in America has shot up exponentially in years past, and it looks like the tally is finally taking its toll. The Substance Abuse and Mental Health Services Administration revealed this year that opioid abuse increased by 111 percent between 2004 and 2008, with more than 2 million Americans admitting to abusing the drug each year. An earlier study from IMS revealed that more than eight-out-of-ten prescription drugs, worldwide, falls into the hands of Americans.

Now prescription drug-related deaths surpass fatalities caused by cocaine and heroin abuse combined. Deaths linked to OxyContin, Valium and Xanax abuse have doubled in the last decade.

"People feel they are safer with prescription drugs because you get them from a pharmacy and they are prescribed by a doctor," Los Angeles County Sheriff's Sgt. Steve Opferman says to The Times. "Younger people believe they are safer because they see

their parents taking them. It doesn't have the same stigma as using street narcotics." "The problem is right here under our noses in our medicine cabinets," adds Laz Salinas, a sheriff's commander in Santa Barbara.

The study also reveals that while more and more Americans become medicated, a large number of deaths are caused by children abusing their parent's pills. "The big thing to take away from this is we need to do a better job of keeping children and medicines away from each other in the home," Dr. Eric Lavonas, from the Rocky Mountain Poison and Drug Center in Denver, tells the Daily Mail.

A 2010 study from the University at Michigan adds that Vicodin, a popular pain killer, is now the second-most abused drugs among high schoolers, second only to marijuana. The National Center on Addiction and Substance Abuse says 15 percent of those in grades 9 through 12 admit to prescription drug abuse.

Also last year, nationwide around 1,300 newborn children were born to drug-addicted mothers and admitted into hospital units for withdrawal, reported the Miami Herald.

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Teen Use of ADHD Meds Up Sharply

MedPage Today
September 29, 2011
By Nancy Walsh

The use of stimulant medications among children with attention deficit hyperactivity disorder (ADHD) continues to rise, particularly among adolescents, a nationally representative survey showed.

In 2008, these medications were used by 3.5% (95% CI 3.0 to 4.1) of children ages 18 and younger compared with 2.4% (95% CI 1.8 to 2.9) in 1996, according to Samuel H. Zuvekas, PhD, of the Agency for Healthcare Research and Quality in Rockville, Md., and Benedetto Vitiello, MD, of the National Institute of Mental Health in Bethesda, Md.

But among those ages 13 to 18, the rate of use increased by 6.5% annually, rising from 2.3% (95% CI 1.5 to 3.1) in 1996 and reaching 5% (95% CI 3.9 to 6.1) by 2008 (P<0.001), the researchers reported online in the American Journal of Psychiatry.

Some 9% of children ages 6 to 17 at some time have been diagnosed as having ADHD. Prescribing of stimulant medications rose sharply in the 1990s, and in the subsequent decade numerous new formulations were developed. "As the market for ADHD medications has expanded, concerns have been raised about the possible misuse and abuse of stimulants, especially because the increase in ADHD diagnoses has been most marked in adoles-

cents," the researchers wrote. To examine the patterns of use of drugs such as methylphenidate and amphetamines among young people, Zuvekas and Vitiello analyzed data from the Medical Expenditure Panel Survey, an ongoing report that follows trends in the treatment of psychiatric disorders.

They found that approximately 2.8 million children were using stimulants in 2008, a number that had risen by 3.4% each year since 1996. The rate of use was highest among children ages 6 to 12, and that rate has held fairly steady over time -- 4.2% (95% CI 3.2 to 5.2) were treated with stimulant medications in 1996, while 5.1% (95% CI 4.1 to 6.1) were on the drugs in 2008.

Children younger than 6 were the least common recipients of stimulant medications. Before 2004, yearly estimates for this age group were 0.3% to 0.4%, but thereafter fell to and remained at 0.1%, which was a significant decrease (t=3.71, P<0.001), according to the researchers. Although a clinical trial in 2006 demonstrated efficacy for methylphenidate among preschool-age children, it also identified a higher incidence of adverse effects, and the current data showed that, in fact, ADHD medications are little used in the youngest children, Zuvekas and Vitiello pointed out. Reflecting the gender predominance of ADHD, three times as many boys as girls were treated with stimulants (5.3% versus 1.6%).



Use was highest in whites, being 4.4% in 2008, compared with 3% of African Americans and 2.1% of Hispanics. And although use was lower in minorities, it had risen notably from 1.9% and 0.7% in 1996 among African Americans and Hispanics, respectively.

This reflects a growing recognition of ADHD among groups that have often been underserved in mental health resources, while also suggesting that cultural barriers remain, according to the researchers. Rates were low (1.3%) among children lacking health insurance, and those with public insurance were more likely to be on the medications than those with private insurance (OR 1.36, t=2.14, P=0.016).

Geography also influenced use, with 4.6% of children in the Northeast taking stimulants in 2008 compared with 1.6% of those living in the West. The survey suggested that the majority of children with ADHD actually do not receive stimulant medications.

"This may not be unexpected, since about half of those diagnosed present with only mild symptoms and since other treatments, including psychosocial interventions and nonstimulant medications, are available," the researchers explained.