In general, adolescents do not know when they are experiencing grief. Nor do they have the innate skills to handle grief. Through my experience working with teens, I’ve found that many families do not discuss loss or grief; processing grief in a healthy way is often a foreign concept in many households regardless of income, race, etc. 

A large number of the teens I’ve met with after assemblies had been attempting to hide significant feelings of grief and loss after the death of a parent, sibling, close friend or grandparent they relied on. They anxiously report losing interest in past hobbies and that friends’ conversations seem so shallow to them now. They do not comprehend that such reactions are common symptoms of natural grieving. Extreme loss disorients our world, makes everything else seem meaningless and trivial in light of the death of someone close and most dear.

Teens also express feeling “wrong” about these unaccustomed feelings. They feel guilty for getting angry at parents who may also be grieving. They are filled with turmoil when they express anger toward friends who seem to act so naive and unaware of their grief-related angst. They often blame themselves and begin experiencing symptoms of depression.

**PARENTS CAN HELP OR HINDER**

Parents experiencing loss still need to function: maintain jobs and family, pay bills, etc. Many suppress their own grief in order to meet responsibilities, or because they, themselves have never learned to process grief in a healthy manner. Some try to get back to “normal” as quickly as possible as though nothing has happened, believing that acting as if all was right again will protect their children, even though the opposite is true. When their teen shows signs of “attitude” — anger, moping around, unresponsiveness, and rebelliousness — parents may criticize rather than respond to the underlying cause: which is legitimate, and often overwhelming, grief.

**COMPASSION AND NON-JUDGMENTAL TEACHERS CAN HELP**

Teens can greatly benefit by speaking with a compassionate, knowledgeable adult who understands how to help individuals effectively process grief. A teenager who is confused about the whirlwind of conflicting emotions needs to understand that the grieving process is often an uncomfortable jumble of anger, sadness and emptiness — off and on for a long time to come. Every birthday, holiday, and special life event may trigger feelings of grief. And it is during these moments we miss that person the most.

Teens need to be encouraged to speak with their school counselor, minister or psychologist on days when feelings related to their grief arise. Teachers and close adult friends can help by recognizing (Continued on page 2)
that grief:
* is a powerful set of emotions that can overwhelm a teen (or anyone) to the point where they lose focus.
* can cause an adolescent’s mind to shut down to protect it from too much emotional pain resurfacing. This can seriously interfere with a teen’s attention in class, ability to remember deadlines, keep commitments, etc. A very accomplished and reliable teen may suddenly appear distant or unfocused in class. If so, a teacher would be well advised to check with the counselor or family to see if there has been any major loss or stressor in the home.

AN EXAMPLE OF THE POWERFUL IMPACT OF GRIEF ON A TEEN
I experienced the powerful impact of grief on a teen from a 9th grader who came to speak with me after an assembly because she was very distressed about cutting on herself (self-harm). Upon questioning, she revealed that she began cutting about a year earlier. Prior to this, she had been a high-achiever and was actually still maintaining relatively high grades when we spoke. During our conversation she shared with me that her closest friend had died in a car accident and that she blamed herself for not being in the car to protect her.

Her thought process, however irrational to us, seemed to make perfect sense to her. In turn, associated feelings of guilt were “pushing from the inside out”, so much so that it was all just too painful for her to share with anyone, nor to live with. And so, she “cut on herself” to try to escape the tortuous feelings.

As we created a safe, non-judgmental space for her to tell her story, her face, voice tone and attitude changed. She was so relieved that I didn’t tell her she was bad or wrong, and to be told she didn’t have the power to control what had happened to her friend; she was not responsible. And then she smiled a broad, peace-filled smile! I asked, “Do you feel like you have to cut anymore?” “NO,” she replied, “It’s not my fault. I can still love my friend even though she’s gone,” “Of course,” I replied. “You can write her letters and tell her your feelings. AND you can go ahead and live your life, laugh when you feel like it, enjoy living – your friend would want you to.”

It is a remarkable feeling of satisfaction when a teacher, parent, counselor or other caring adult helps a teen regain their balance, self-esteem and hope – especially a grieving teen. Teens I’ve spoken with have regained lost hope and have exhibited a more accepting attitude once they were encouraged to express their emotions. Let us all be there when a teen in grief needs a compassionate ear. It is uplifting to see the rapid change in a teen’s facial expressions, voice tone and attitude when they grasp that their feelings are neither “wrong” nor “bad,” merely a realistic part of the grieving process.
Kidney Disease: A silent epidemic among African Americans

When the telephone rang around 11 p.m. in January, Reginald Mills had no idea it was a call that would both save his life and change it forever. Mills had been to the doctor that day for a physical exam. He was feeling fine – a little tired, perhaps – but he had just spent two months uninsured and not taking his blood pressure medication. He was back at work and insured again, so a prescription refill and a check-up seemed in order.

The call was from his doctor’s office, telling him to go to the hospital right away. Mills’ kidneys were failing fast. He could hardly believe it. “I knew I had high blood pressure, but I had no idea I had kidney disease,” Mills says. “I didn’t even know that kidney disease was one of the risks of high blood pressure.”

Mills is not alone. Even though African Americans are four times more likely to be diagnosed with kidney disease than their white counterparts, a 2003 study by the National Kidney Disease Education Program found that African American patients know very little about their risk.

According to the study, among African Americans who had high blood pressure, only 10 percent identified kidney disease as a negative consequence of not treating their condition. Among those with diabetes, only 29 percent knew that kidney disease was a risk. “Kidney disease is epidemic in the African American community,” said Allen R. Nissenson, MD, FACP, chief medical officer for DaVita, one of the largest U.S.-based dialysis and kidney care companies. “Unfortunately, it’s a silent epidemic.”

31 million Americans have kidney disease; according to Nissenson, most don’t know it.

“Kidney disease is usually symptomless until it’s too late to prevent the need for dialysis or a transplant. We have to do a better job of educating those at risk and screening our patients.” An initial diagnosis of kidney disease typically involves a simple blood test that allows the physician to calculate the level of kidney function or glomerular filtration rate (GFR). Nissenson urges African Americans and any patient with diabetes or high blood pressure to ask their doctor for this test, which is often not included in a standard annual evaluation.

Younger African American men with high blood pressure, like Mills, are at particular risk. The National Institutes of Health reports that African American men in their twenties are 10 times more likely to develop high blood pressure-related kidney failure than white men in the same age group. Once they reach their thirties, they are about 14 times more likely to develop kidney failure.

Mills is 29 years old. He now faces what will likely be a years-long wait on the transplant list if he doesn’t have a living donor. In the meantime, he will travel three times a week to a DaVita dialysis facility in Riverdale, Georgia, where a machine will filter toxins from his blood and remove excess fluid from his body the job his kidneys can no longer manage. “I wish everyone would do two things. First, I wish they would get tested for kidney disease. If you find out early in the disease, you can do a lot to keep it from getting worse,” Mills said. “Second, I wish the people with healthy kidneys would consider becoming organ donors.” The website of the U.S. Office of Minority Health in the Department of Health and Human Services reports that, “Although minorities donate in proportion to their share of the population, their need for transplants is much greater. African Americans, for example, are about 13 percent of the population, about 12 percent of donors, and about 23 percent of the kidney waiting list.”

A landmark study from Johns Hopkins in 2010 found that while kidney donation is a significant surgical procedure, the risk of complication is very low, and donor lifespan is unaffected. While he waits for a new kidney, Reginald Mills undergoes dialysis with a positive outlook. He has come to feel he is part of a family at his DaVita clinic. He jokes with his caregivers on the good days, and he is buoyed by their caring and support on the bad.

“I couldn’t ask for better care,” Mills said. “I know I’m lucky to be alive. But I can’t help wishing I would have been tested earlier and maybe avoided all of this.”

Abstinence

What Is It?
Abstinence is not having sex. A person who decides to practice abstinence has decided not to have sex.

How Does It Work?
If two people don’t have sex, then sperm can’t fertilize an egg and there’s no possibility of a pregnancy. Some forms of birth control depend on barriers that prevent the sperm from reaching the egg (such as condoms or diaphragms). Others interfere with the menstrual cycle (as birth control pills do). With abstinence, no barriers or pills are necessary because the person is not having sex.

You don’t have to be a virgin to practice abstinence. Sometimes people who have been having sex decide not to continue having sex. Even if a person has been having sex, he or she can still choose abstinence to prevent pregnancy and sexually transmitted diseases (STDs).

How Well Does It Work?
Abstinence is 100% effective in preventing pregnancy. Although many birth control methods can have high rates of success if used properly, they can fail occasionally. Practicing abstinence ensures that a girl won’t become pregnant because there’s no opportunity for sperm to fertilize an egg.

Protection Against STDs
Abstinence protects people against STDs. Some STDs spread through oral-genital sex, anal sex, or even intimate skin-to-skin contact without actual penetration (genital warts and herpes can be spread this way). So only avoiding all types of intimate genital contact can prevent STDs. Avoiding all types of intimate genital contact — including anal and oral sex — is complete abstinence.

Only complete and consistent abstinence can totally prevent pregnancy and protect against STDs. Because a person does not have any type of intimate sexual contact when he or she practices complete abstinence, there is no risk of passing on a sexually transmitted infection. Consistent abstinence means that someone practices abstinence all the time.
Facts About Kidney Disease-
Chronic kidney disease (CKD) has been estimated to affect nearly 20 million Americans. The increase of CKD is now reaching epidemic proportions. The rates are even higher among racial and ethnic minorities. CKD can progress to end-stage renal disease (ESRD) and the need for dialysis or a kidney transplant. Minorities in the United States are almost two to four times more likely than non-minorities to reach ESRD (Table 1). The main causes of kidney disease in the U.S. are diabetes mellitus and hypertension. Many people know these conditions by the names diabetes and high blood pressure (Table 2). Both diabetes and high blood pressure are more common among minorities. Even with the same medical care, minorities seem more likely to get kidney disease. Many factors may add to the chance of getting kidney disease, including hereditary or genetic factors, the environment or how well diabetes and high blood pressure are controlled. CKD, diabetes and high blood pressure can cause many problems. These include disability, high healthcare costs and poor quality of life. As kidney disease worsens, the chance of heart disease or ESRD is higher. If a person is on dialysis or has a transplant, they should get their heart checked regularly.
MYTHS AND FACTS ABOUT SEX AND STIs

There’s lots of misinformation out there about sex, sexual health and sexually transmitted infections (STIs). Maybe you’ve heard something you are unsure about (like, can you really get an STI from a toilet seat?) If you want to know if something you’ve heard is true or false, write to me (icombs@unmc.edu) and I may post your question (without your name and our answer) here. You can read below to find out—what’s a myth and what’s a fact.

**Getting an STI**

- **You can get an STI from a toilet seat.**
  
  **MYTH!** You get STIs by having sex (vaginal, oral or anal) or by skin-to-skin touching—not from toilet seats.

- **You can get HIV or a STI from getting a tattoo or through body piercing.**
  
  **FACT!** There can be a risk for HIV or other blood-borne infection (like hepatitis B or C) if the instruments used for piercing or tattooing either are not sterilized or disinfected between clients. Any instrument used to pierce or cut the skin should be used once and thrown away. Ask the staff at the parlor about their equipment. They should show you what precautions they use, or don't get pierced or tattooed there.

- **You can’t get an STI from oral sex.**
  
  **MYTH!** During oral sex, you can give your partner your STI and you can get theirs. Not all STIs are transmitted through oral sex, but some are. For example, if your partner has a cold sore (oral herpes) and performs oral sex on you, you could become infected with herpes in your genital area.

- **You can’t get an STI if your partner is a virgin.**

  **MYTH!** Depending on how your partner defines being a virgin, it is possible for them to have contracted an STI. Your partner might not have had vaginal sex, but may have had oral sex with someone (and still consider themselves a virgin), putting themselves at risk for an STI. Also, there are other STIs (herpes and HPV) that are passed through skin-to-skin contact, even if no penetration has taken place. It is important to discuss with your partner all sexual activity they have participated in and to always practice safer sex.

**Pregnancy**

- **The best way to avoid getting pregnant is to use a condom.**
  
  **MYTH!** The best way to avoid getting pregnant is though abstinence. Abstinence (not having any kind of sex) is the only 100% effective form of birth control. If abstinence isn’t an option, using a condom in combination with a hormonal form of birth control is a close second. For example, this could be a condom used together with the birth control pill.

- **You can get pregnant while on your period.**
  
  **FACT!** It's very uncommon, but it is possible since having your period doesn’t predict when you will release an egg which has to be present for sperm to begin the process of conception. Additionally, since sperm can live inside your uterus for up to 5 days, if you release an egg during these 5 days you run the risk of getting pregnant. Due to the unpredictability of your cycle, if you want to avoid pregnancy it’s important to use contraception even when you are menstruating.

- **Peeing or douching after sex protects against pregnancy.**
  
  **MYTH!** When a male ejaculates, the sperm travels through the vagina into the cervix, and then into the uterus. Urine is released from the urethra, not from the vaginal opening, so it does not come in contact with sperm. Washing or douching will not prevent pregnancy due to the speed of which semen travels into your cervix and the fact that water can’t reach the uterus. In fact, douching can actually push sperm up farther up into the vagina. Douching also causes an imbalance of healthy bacteria on your vaginal walls and can put you at an increased risk of contracting a vaginal infection.

- **A girl can’t get pregnant the first time she has sex.**
  
  **MYTH!** It doesn’t matter if it’s your first time having sex—it is possible to get pregnant. Abstaining from sex altogether is the best ways to prevent pregnancy, but if you decide to have sex, condoms and other birth control methods can help prevent pregnancy.
The SHARING Clinics are made up of three different clinics, each working to meet a specific medical need of the Omaha community. Each clinic is briefly described below.

**SHARING**

**SERVICES:** General Health Care for Children and Adults  
**HOURS:** 5:30 - 7 PM Every Tuesday  
**PHONE:** (402) 559-2666  
**ADDRESS:** UNMC Specialty Care Center - 804 S. 52nd St.  
Omaha, NE  68106

**RESPECT**

**SERVICES:** Sexually Transmitted Disease Testing & Treatment HIV Testing & Counseling  
**HOURS:** 5:30 - 7 PM Every Monday  
**PHONE:** (402) 595-2280  
**ADDRESS:** Baker Place  
5050 Ames Ave.  
Omaha, NE  68104

**GOODLIFE**

**SERVICES:** Treatment of Type 2 Diabetes Mellitus  
**HOURS:** 5:30 - 7 PM Second Wednesday of each month  
**PHONE:** (402) 595-2280  
**ADDRESS:** Baker Place  
5050 Ames Ave.  
Omaha, NE  68104
How To Stop Drinking

Far too often, the traditional wisdom for how to stop drinking is plagued with useless relapse prevention tactics that try to pinpoint our problems and triggers in helping us to prevent relapse. My experience has shown this to be ineffective.

Better than tactics for recovery are strategies. Strategy is more useful because it is more encompassing and can affect larger areas of our lives, in such a way that we can affect massive change. Using tactics is more short term and leads to smaller, more incremental changes.

In addiction recovery, we need massive change. We need to change everything. Strategies are the way to do that, because they give us a broader sense of guidance for all of our actions and decisions.

**Strategy #1: Take massive action.** If nothing changes, nothing changes. The scope of what you are trying to do (quitting drinking) is truly massive. You are trying to change your whole life. This takes a huge effort. Do not underestimate it. Go big or go home.

**Strategy #2: Blast through your denial.** See your drinking for the crutch that it really is. Honestly see how it controls you and dominates you, even though you “enjoy” it. Measure your time spent being “happy” while drinking, and notice that you are almost always miserable, but hanging on to happy memories of drinking.

**Strategy #3: Seek professional help.** Alcohol detox can be dangerous. There are huge benefits to inpatient treatment. Seeing a counselor or therapist can be a turning point. Getting any form of help is action, which is always good.

**Strategy #4: Build real self esteem.** This is the strongest form of relapse prevention: if you truly value your life, you will not throw it away on a relapse. Take care of yourself. Push yourself to grow.

**Strategy #5: Pursue holistic health.** Recovery is about living healthier. Extend this in new directions to enhance your recovery from addiction. Quit smoking, start exercising, make nutritional changes. Seek emotional balance. Etc.

**Strategy #6: Create a new life.** You have surplus time and energy now that you are in recovery. How will you use this surplus? Find outlets that match your talents and strengths, while allowing you to help others and create real value in life.

**Strategy #7: Seek balance as you progress.** Watch out for extremism. Recovery is about living, not about recovery. Balance growth and acceptance. Stay active in pursuing new things. Stay open to growth opportunities.

**Strategy #8: Push yourself to grow.** Do not get lazy in recovery. Do not justify laziness with self acceptance. Do not close the door on self examination. If you stop growing, you relapse.

**Strategy #9: Get physical.** Fitness is huge in recovery. Most people disregard fitness due to inherent laziness. Push yourself to exercise regularly and reap huge benefits. Some recovery programs are based on exercise alone—that is how powerful it is.

**Strategy #10: Embrace gratitude.** If you are truly grateful, relapse is impossible. Gratitude is the mindset for learning and growth experiences. Practicing gratitude enhances recovery and leads to more learning and thus more growth.

**Strategy #11: Avoid complacency.** Our natural state is to be drinking. Therefore, we have to keep pushing in order to avoid reverting to our natural state. We can only do this through the push for personal growth. Seeking holistic health gives us a broad platform for growth experiences.

**Strategy #12: Explore a new vision.** Take action first, then reflect on how it has helped your recovery. Seek growth based on your strengths. See how you can use this to help others. Start becoming the person you were always meant to be.

**Strategy #13: Discover your purpose.** Your vision made real. Helping others in a profound way based on the personal growth you have experienced. Achieving dreams that you once thought were blocked forever by your drinking. True contentment and joy.

Stop drinking today…how many reasons do you need? As a recovering alcoholic, I know that this is a difficult decision. Even though there were a million reasons for me to stop drinking, I had a million reasons why I should continue. These reasons of mine to continue drinking were because of something called *perceived benefits.* The tricky thing is that there are *some* real benefits to drinking alcohol for *most* of the adult population. But for the true alcoholic, those benefits are largely illusory, and become less and less valid as their disease progresses.

In other words, an alcoholic might cling to the “benefits” of drinking, rationalizing that these are important reasons for them to continue to self medicate, but in reality those reasons are no longer valid, and they are just fooling themselves. This is called *denial.*

### The perceived benefits of drinking

The perceived benefits of drinking will be a bit different for different people. Just to give you an idea, here is what I thought alcohol was doing for me:

1) **Fixed my shyness** – Before I started drinking, I was naturally shy and found it difficult to speak in groups larger than 2 or 3 people without any anxiety. Alcohol fixed this. The problem is that, even though alcohol fixed this, it was *not a viable long-term solution* to the anxiety problem. This is because my tolerance increased and I had to drink more and more in order to overcome my shyness. Eventually it stopped working altogether, and I would remain shy even in a complete blackout. But I stubbornly clung to the idea that I had to drink in order for this personality flaw to be corrected.

2) **Celebration and passion for living** - I believed that life was a party, and that you were not celebrating life unless you were living it up and getting wasted every day. Somehow I believed that the only way to live passionately was to drink heavily. These ideas were obviously from the “good old days” when drinking was still fun, and hanging onto this illusion was just another part of my denial.

3) **Drinking = happy** – I truly believed that the only way that I could be happy in this life was to be drunk. This was a twisted mindset. I really looked down on other people who didn’t drink and pitied them that...
they were not able to “get happy” like I was. The truth of the matter was that I was miserable for 99% of the time, and it was a rare moment when I could find the right level of toxicity where I could even claim to be “happy” in my drunken stupor.

So these were my main “benefits” of drinking. I call them perceived benefits because this is what I truly believed, but looking back we can see that I was in denial about my drinking and therefore I was only fooling myself. These benefits were illusions that I clung to; they were actually false 99 percent of the time.

The denial exists because alcohol used to work as described. At one time, these perceived benefits were real, and my life was not screwed up yet from excessive drinking. In other words, there were some good times that I had with drinking, and my mind stubbornly clung to those ideas. This is just one mechanism of denial. All of these perceived benefits became false as my alcoholism continued to progress, but my denial kept me from seeing the truth.

When you really analyze the perceived benefits of drinking, it almost looks like a belief system. I had established the idea firmly in my head that alcohol was wonderful and those who did not drink it were missing out in life in a big way. I really believed this. Not only that, but I believed it at a very deep level and it had become part of who I was.

So in spite of these perceived benefits, eventually we have to see the illusions for what they are and break through our denial. It is only then that we can have any hope at even caring about a reason to stop drinking in the first place. But once we become the slightest bit open to the idea, the tide can turn, and we can start to get excited about a sober life again.

### Reasons to stop drinking

We can separate the logical reasons to stop drinking into these broad categories:

1. **Longevity of life**
2. **Quality of life**

Pretty basic, right? Alcoholism can affect how long you live, and also the quality of your life. So let’s take them one at a time:

#### Quitting drinking and your lifespan

Obviously, if you are an alcoholic, then quitting drinking will greatly increase your potential lifespan. But by how much?

To answer that question, we have to look at some statistics. I’ll spare you the charts and data and summarize it for you: most alcoholics die about 15 to 20 years earlier than their peers. Now the question is: “How much is 15 to 20 years of your life worth to you?” This question is actually fairly deep and complicated, because the answer can change so drastically depending on your state of mind.

For example, a miserable drunk will usually brush the question off entirely, waving his hand and saying “whatever. Take me right now if you want!” That is the miserable desperation of addiction talking. Now if we manage to sober this person up and get them involved with a creative new life in recovery, their answer will likely change quite a bit (I know mine did!). Life becomes precious in recovery.

And of course we are just talking about numbers and percentages here—you might be able to continue to drink and still live a very long time. But the odds are against you. It’s not just the direct effects of drinking that can kill you. For example, guess what the number one killer of recovering alcoholics is? **Lung cancer.** In other words, it’s not just the booze that will kill you…it’s the lifestyle that gets us in the end. Not to mention drunk drivings, accidents, slip-and-falls, alcohol poisoning, liver damage, and so on.

With alcoholic drinking, there are a million ways to die. Problems compound as the lifestyle becomes increasingly more dangerous. It’s a progressive disease, so the risks increase for both the direct effects of alcohol, as well as for “lifestyle deterioration.” In other words, as time goes on, our drinking takes us to new lows and to do things we said we would never do. All of this steadily increases the odds of our ultimately demise. Luckily, there are a million ways to stop drinking as well.

### Quitting drinking and the quality of your life

The discussion so far focused on how long we will live if we drink alcoholically. But let’s take a look at what it does to the quality of our life.

There are a number of ways that drinking impacts the quality of your life:

1. **Overall health** – Not only will heavy drinking reduce your lifespan, but it also has the potential to bring on any number of diseases, disorders, and ailments.
2. **Alcoholics are more susceptible to other drugs** – which can have devastating effects on your life as well. Many people pick up “new habits” while they are drunk.
3. **Alcoholics are several times more likely to be cigarette smokers** – which, combined with drinking, can really have devastating health consequences.
4. **Risk of suicide** – is determined by studies to be over 5,000 times greater in alcoholics than in that of the general public.
5. **Social effects** – Alcoholism negatively impacts divorce rates, domestic violence, job stability, and so on.
6. **Mental effects** – Alcoholism contributes to depression, anxiety, and in the long run can result in even more serious mental conditions, some of which might eventually be permanent.

#### Is there a Stop drinking pill?

There is a medication called Campral that can help with cravings, but it is by no means a magic bullet. People who rely on the pill to “fix” their alcoholism are going to be very disappointed. There is no magic cure and you have to put forth a tremendous effort in order to get sober aside from simply taking a pill like this. But, it can be helpful, and so any alcoholic should consider talking with their doctor about medications like Campral that might be one piece of their recovery journey.

#### Stop drinking, lose weight?

Of course alcohol is empty calories, and those who get drunk every day tend to have other factors that contribute to heavy weight. Not only does the quality of nutrition drop, but most alcoholics are very inactive when it comes to exercise. Part of recovery, if you use a holistic approach (which is strongly advocated on this website!) is that you should be considering things such as nutrition and exercise as part...
of your recovery. So simply quitting drinking is but one step in losing weight. The accompanying lifestyle changes are what will really kick your weight loss into high gear.

**Stop drinking too much alcohol, or quit entirely?**

Some people think that they might be able to regulate their drinking instead of quitting entirely. If this works for you, then that is great! Moderate your drinking. But an alcoholic is defined by their inability to do so. Eventually you may have to get honest with yourself and realize that you cannot control your drinking consistently. Denial is the trap that you can control your drinking some of the time. If you hang on to those successes, but ignore the train wreck that is your life, then you are in denial.

**If you don’t stop drinking now**

If you try to stop drinking now but find that you cannot do it on your own, then ask for help. Call up a local treatment center and ask them what you need to do in order to get into treatment. They will lay out your options for you and help you to get funding so that you can get the help you need. Pretty much anyone who is persistent can find some resources to help them with their problem, it is just a matter of putting in the effort and the footwork that is necessary to get the ball rolling.

**Stop binge drinking**

If you are a binge drinker then you may be fooling yourself that you do not have a problem, when in reality you need to stop just as bad as anyone else. The binge drinker is a special kind of alcoholic, but they are still an alcoholic. They may go for long periods of time without drinking any alcohol at all, but when they do drink, they go on long binges and usually spin out of control completely. Just a different flavor of alcoholic, but one that still needs help in order to change their life.

**Problem: an active alcoholic does not care about this stuff**

So here is the real challenge: even when posed with a vast list such as this as to why a person should stop drinking, most active alcoholics could care less. The problem is that they are depressed, suffer low self esteem, and cannot bring themselves to care much about their own well being.

In other words, you could promise them the world if they would just quit drinking, and they will politely decline and go back to the bottle. They just don’t care. The breakthrough will come when they decided to give sobriety a chance. This is that tricky area of surrender that a drunk has to find their way to. **It is a fine line.** You are just miserable enough to want to stop drinking, but at the same time you are 2 seconds away from saying “screw it” and going to get another bottle. It almost seems impossible for an individual to find their way out of the alcoholic trap. If you want to know how to stop drinking, here is my number one suggestion to you: **Ask for help.**
YOUTH/ADULT 3-ON-3 BASKETBALL TOURNAMENT

November 5th, 2011

Location: Turning Point Campus
3223 N. 45th St.
Omaha, NE 68114
9 am to 4 pm

Admission: FREE for Youth Ages 12-18
Adult: $100 Entry Fee

Prizes: 1st $400 Gift Card | 2nd Hoodies | 3rd Gift Cards

[register online at www.nuhc.com/announcements]

For More Information Contact:
Amelia Wisecup: 402.346.0902 ext 219
Gayle Lagne - 402.346.0902 ext 218
10TH ANNUAL MEN’S HEALTH DAY

Free Health Screening and Health Information

October 29th Saturday
Urban League Family Resource Center
30th and Lake St.
9:00 a.m. - 12:00 p.m.

Health screening
-Free Blood pressure check
-Free Blood Sugar check
-Free Flu shots
-Free HIV Screening
-Free Prostate exam on site.

Men Bring Your Family.
Families Bring Your Men.

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Ira Combs RN at 559-3813, or
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