



Moms and Dads Against Meth, Inc.

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Love, Mary, Bridget, Doreen, Lourie, and Donna

And a Happy
New Year!

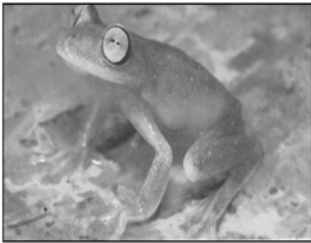
We would like to extend a special thank-you to everyone who has supported our efforts through the year.

We can't even imagine what we would do without the people who generously donate money, time, talents, and "really good stuff" to M.A.D.A.M./Butterfly House. Just the knowledge that our efforts are supported and appreciated boosts our spirits and inspires us to do more.

We try to thank everyone individually, but sometimes we forget or get distracted. So, we want to be sure that everyone who has done anything for us knows how very grateful we are for the help. May your holiday season be especially blessed with peace and love!

"Any transition serious enough to alter your definition of self will require not just small adjustments in your way of living and thinking but a full-on metamorphosis."

**-Martha Beck, O Magazine, Growing Wings,
January 2004**



“I’m not a Thirteenth-Stepper, I’m just too cute for my own good.”

Are you a 13th Stepper?

Thirteenth Step (a.k.a. Thirteenth Stepping):

There is no thirteenth step in the AA program. This term is used as a euphemism

for inappropriate sexual advances by a member to a newcomer in AA (such as sponsors toward sponsees).

Sponsors ought never be sexually involved with those whom they sponsor. This is why it is usually

suggested that (heterosexual) newcomers choose sponsors of the same sex, thereby avoiding the temptation.

Also, it is sometimes suggested that newcomers not enter into new relationships for at least a year after getting sober. The reason being that sexual relationships are prone to elicit emotional extremes, making relapse more likely. The term 'thirteenth stepping' is always used in a negative sense. Why are AA and NA clubs so opposed to those who wish to date or “hook up” with other club members? The list below gives just a few of the reasons the practice is discouraged:

Thirteenth Stepping violates the principle of helping others without

expectation of return favors, sexual or otherwise. One encounter with a Thirteenth Stepper can taint the motives of other members of the club, who want nothing more than to help the newcomer get sober.

Thirteenth Stepping can disgrace the whole group, earning the club a reputation as a “meat market.”

Attending meetings with Thirteenth Steppers can deprive the newcomer of the feeling that there is at least one safe place to be.

Here’s another take on the subject from the book *Twelve & Twelve*:

“It is widely accepted that romantic relationships are never easy, even for non-alcoholics. Bearing in mind that alcohol and addiction is a very real potential death sentence for an alcoholic, if we choose to risk the very personal emotional trauma which may arise from an unsuccessful union, we then also risk the life of another out of our own self-will.”

There is heart of it: self-will. If we allow self-will to rule us, we will be unwilling to consider the damage we might do to ourselves or others; self-will merely wants what it wants. It is what drives addicts in their negative behaviors, indeed, it is what addicts are trying to overcome when they turn their will over to a Higher Power.

In the case of an addict seeking sex or a relationship with another in their AA or NA group, it is often a way to find an outlet for all the emotions that come with recovery efforts. It may be human nature, and it may be understandable, but it is indisputably wrong.

No one has the right to jeopardize another’s recovery. It is immoral to capitalize on another person’s vulnerability, especially in a place where they have come for help.

Denial plays a part in many of these pairings: “I just want to be her friend,” “I like him better one-on-one,” “It’s too hard to really talk if we go out in a group for coffee,” “I’ve been in recovery too long for that to be a problem.” If we reach below the surface of those statements, it’s highly likely we will find the Thirteenth Step, and a person who may be teetering on relapse, or about to lead another person to it.

It might be a good idea to ask yourself, “how many steps am I working?”

Editor’s Corner

I like to have a theme for every issue of *The Icebreaker*. I start with ideas for articles that Doreen and I have discussed and I try to find a common thread. Once I find that, I look for quotes that fit the theme. Sometimes, as I’m writing an article, I’ll have a sudden revelation that it fits in ways I hadn’t thought of, and that often leads me to an unexplored (by me) topic.

As I worked on the articles about drugs of choice and cocaine, I realized that this month’s theme could be *power* and *powerlessness*.

My thought process started with the irony of people choosing a drug that makes them feel *powerful*, only to become *powerless* as they become addicted. It may take months or years for them to make the connection that they have surrendered their free will to the drug.

Some people convince themselves that they can stop their drug use any old time they want (“I just don’t want to right now.”); others simply believe that they are weak-willed (“Why bother to try when I don’t have what it takes to quit? My family thinks I’m a loser, my friends think I’m a loser—I believe that I am a loser.”).

In order to break free from that bondage, they will have to admit that they are, indeed, powerless, and they will be asked to surrender their free will to a Higher Power. This process is incredibly difficult for them, and most addicts resist it until they have exhausted all other alternatives (and they are often left with few alternatives beyond continuing their drug use and dying). They throw up their hands in surrender, and in doing so, they win the war.

In a paradox that only our Higher Power could envisage, by relinquishing their sense of control, they will gain the *power to change*. They will realize that they never had the power or control anyway, so they are letting go of that which they never possessed. Still, the *illusion* of power will tug at them, as will their *denial* of a problem, setting them up for a struggle in the course of their recovery.

The Serenity Prayer is there to remind all of those who struggle with addiction and strive for recovery:

God, grant me the serenity to accept the things I cannot change,

(This list includes others’ thoughts, actions, behavior, the world at large, and all things we tend to blame for our problems.)

The courage to change the things I can, (*Our* thoughts, *our* actions, *our* behavior, *ourselves*.)

And the wisdom to know the difference. (It takes time to really understand what it is we can change and what needs to be left to God.

Nevertheless, through prayer, meditation, and hard work on our own character defects, we will see the difference.)

Just the Facts on: Cocaine

Somewhere in the mountains of South America, coca leaves are being chewed by a man who wants to forget about his hunger until he can get money for food. Thousands of miles to the north, in a club in New York City, a woman snorts a white powder to feel powerful and to have energy to dance all night. Despite their economic and social differences, these two people have a lot in common: drug dependence.

The History

Cocaine (also called “coke”, “snow”, “blow”) has a long history. Coca leaves provide a milder version of the drug, used for centuries by the natives of Columbia and Peru to gain energy, depress appetite, and cope with living at the high altitude of the Andes mountains. Spanish explorers tried to outlaw its use in the sixteenth century until they discovered that their forced labor worked harder when allowed to chew coca. For the next two hundred years, reports of the substance were brought back to Europe, but efforts to bring the leaves back were ineffectual; the leaves dried up and lost potency on the trip.

In 1855, German chemist Friedrich Gaedcke first isolated cocaine from the leaves, followed by Albert Niemann, who improved the process. Both men believed that cocaine showed great promise as a medication. It wasn't until the 1880s, however, that Russian doctor Vasili von Anrep discovered that cocaine induced numbness when administered under the skin. Doctors and scientists began studying cocaine for treating all sorts of conditions, including, ironically, alcohol and morphine dependence.

Dr. Sigmund Freud published a paper titled *On Coca*, a study in which he argued that although regular use of cocaine could “cause weakness and moral decline”, the benefits outweighed those risks. In later years, he withdrew many of his claims as the medical community grew concerned about dependence and overdose.

Nevertheless, cocaine was included in many over-the-counter remedies; even the drink Coca-Cola contained a small amount of cocaine. Concerned U.S. legislators passed the 1914 Harrison Narcotic Act, which imposed strong restrictions on all products containing cocaine. Cocaine's reputation as a dangerous drug was sealed when it was reported that the Germans were encouraging cocaine use in British prisoners of war during World War I.

Illegal drugs often seem to gain appeal with people who consider themselves society's outcasts. From the 1920s to the 1950s, many artists, musicians, and other unconventional types adopted cocaine as their drug of choice.

Surprisingly, during the “drug years” of the 1960s, cocaine did not gain much popularity. That changed in the 1970s, particularly during the “disco era”, when cocaine emerged as a status symbol and became the choice of the rich and famous. By the 1980s, cocaine was firmly entrenched as a party drug, with an estimated 12 million users spanning all demographics, from young, urban professionals (yuppies) to rock and rap musicians.

How is it used?

Cocaine is usually inhaled through the nose (snorted), where it enters the bloodstream through the soft tissues of the nostrils. This process causes irritation to the nasal passages which can increase to do serious damage over time. Long-time cocaine users become accustomed to nosebleeds and pain that accompany this damage.

What is the high like?

Cocaine is a stimulant, with a high similar, but more intense, than amphetamine's rush of euphoria and energy. Users experience a sense of confidence, alertness, and contentment. The cocaine high does not last long, however, with an initial rush of a few seconds, followed by an approximate 40 minute high. When the high wears off, the user may feel agitated, tired, or depressed,

leading the user to take more. This after-effect is what often leads to dependency, as the user will continue to use and seek more of the drug to avoid coming down from it.

What is crack cocaine?

Crack is a highly distilled version of cocaine. Often called “freebase” because the “base” (active ingredient) has been “freed” from the salts and other chemicals that make up the powder. Cocaine is often cut with additives such as amphetamine, ecstasy, or even powdered milk, to increase the volume, and likewise, the price. Thus, street-grade cocaine is often cut to 40% purity. Crack, on the other hand, can be 80% to 100% pure. Because crack has the salts removed, it will not dissolve in water, so it cannot be injected or snorted into the bloodstream. Therefore, crack is smoked. The name *crack* comes from the noise that is made when the crystals are heated and burnt.

Crack is fast. The rush is immediate, the high lasts about twelve minutes, and users become dependent very quickly (some say they were “hooked” from the first time they used it).

Is cocaine addictive?

Unlike alcohol or heroin, cocaine does not follow a pattern of *tolerance* (needing more of the drug to get the same effect) that happens in drug *addiction*. Cocaine users can develop a *psychological dependence*, however, that causes them to crave the drug and want to avoid the depression and tiredness that comes after stopping use.

Over time, the craving for the comfort of the high can cause them to lose their ability to function without it. While many users seem unaware of the changes in their personalities and situations, others often recognize how the drug has taken over their lives, but believe that they are unable to stop. Sometimes, the cost of the habit causes users to take stock of their use; in other cases, it is friends or family members who point out the possibility of dependence.

Are there side effects?

The most common initial side effects are a dry mouth, sweating, loss of appetite, increased heart rate, and for those who snort it, post-nasal drip and irritation. Other effects reported by users are: buzzing in the ears, diarrhea, insomnia, and tightening in the chest. Irregular heartbeat can become a chronic condition from cocaine use, as can high blood pressure. Cardiac arrest and respiratory collapse often occur at higher doses. Those who inject cocaine may also acquire blood-borne diseases such as hepatitis C or HIV. A particularly dangerous combination of heroin and cocaine (known as a “speedball”) accounts for the largest share of overdose deaths in the U.S.

Cocaine psychosis is a condition in which the user loses touch with reality and becomes paranoid, delusional, and often violent. Recovery from this condition can last from a few days to several months.

What are cocaine's other effects?

Few illegal drugs are known for breaking up families like cocaine and crack. The cost of the habit can drive people to bankruptcy, the family can feel isolated from the loved one who is constantly using and spending time with other users, and the user can be argumentative or irritable much of the time.

Mothers who use cocaine or crack during pregnancy often give birth to babies who have a dependence on the drug (crack babies). These babies are exceptionally difficult to deal with; fussy, irritable, have feeding problems, and may develop more problems later in life.

Drug cartels that deal in cocaine and crack also deal in murder, kidnapping, torture, and other crimes. The American Drug Enforcement Agency spends millions of dollars to capture and prosecute members of these cartels, but the demand for the drug never lessens.

DRUG OF CHOICE: Why people fixate on certain drugs

**What's My Drug Of Choice?
Well, What Have You Got?
I Don't Go Broke
And I Do It A lot**

From **Alice in Chains' Junky**

While many drugs users follow the "love the one you're with" philosophy depicted above, most users and addicts have a favorite or "must have" choice. The reasons those drugs become favored are as various as the users themselves.

Each class of drug has a certain effect that matches a need in the user: those who want to escape from physical or emotional pain may choose opiates (morphine, heroin, Oxycontin, Hydrocodone, etc.), which instill a sense of numbness. For those who desire a sense of relaxation or tranquility, depressants (alcohol, barbiturates, sleeping pills) seem to do the trick. Some people want a feeling of energy and increased activity, which leads them to stimulants (caffeine, methamphetamine, cocaine, nicotine, etc.). Hallucinogens and marijuana are popular with people who would like to block out or alter all sense of reality. Thus, illicit drug use has become a "something for everyone" enterprise.

Often, particularly in the case of teens' first drug use, the symbolic meaning the drug carries is what makes it attractive; thus, it can be a strong statement of independence from parents, a badge of courage among peers, or even a power play among enemies. The very use of drugs simulates a sense of power: "getting high" can be a metaphor for feeling above the law, above one's peers, and certainly superior to anyone who "hasn't the guts" to try it.

Adolescents polled for reasons they tried marijuana included the following: pleasure, the joy of feeling high, relaxation, easier social interaction, to achieve status with peers, to seek thrills, to defy authority, to flirt with danger, to escape their problems, or to try to understand themselves better.

Cocaine and methamphetamine are both drugs that symbolize power to users. Cocaine, with its reputation as a wealthy person's drug, as well as its characteristic "king of the world" high, gives users the sense of being powerful. Methamphetamine, also called "poor man's cocaine", gives users an equally exaggerated sense of power. Ironically, cocaine and meth are both highly habit-forming substances which lead to the *powerlessness* of addiction in a relatively short time.

For some people, drugs represent a weapon of self-destruction. A "who really cares" attitude can lead a first-time user down a path of self-hate and self-abuse. A number of clinicians describe addiction as an unconscious death wish (although in many cases, the wish for death becomes quite real and is viewed as a positive alternative to life as an addict).

Drugs can also represent seduction, sensuality, and sexuality. Many drugs lower inhibitions and simulate sexual arousal, which leads users to believe them to have aphrodisiac properties. With prolonged use, however, drugs will impair libido, performance, and enjoyment of sex. Indeed, if adolescent males were told that eventually, their marijuana use would lead to erectile dysfunction (which it can), they would most likely be dissuaded from use. Still, warnings such as that, and stories of "crystal dick" (the consequence of meth use, which results in smaller erection size) are discounted as false warnings from authorities.

That brings us back to the age-old reason for risky behavior that teens rarely admit: rebellion against their elders.



ERIC G. JOHNSON
DISTRICT ATTORNEY

December 2, 2008

Editor, The Ice Breaker
Butterfly House
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To the Editor:

For the past ten years or so I have been involved in the fight against the manufacture, sale and use of methamphetamine in western Wisconsin as a criminal prosecutor. At the end of 2008 I will be relinquishing those duties and leaving public service. As I leave, I would be remiss if I did not express my gratitude to MADAM for all it has done in the struggle against this terribly destructive drug. In my opinion, MADAM has been instrumental in the success that has been achieved. Thank you MADAM, it could not have been done without you.

Sincerely,

David K. McQuillen
Assistant District Attorney

DKM:jp

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Coordinator
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Victim/Witness Specialist
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We had to share this wonderful letter with our readers.

Dave McQuillen is a man who is very good at his job. As a prosecutor, he is tough, but always keeps sight of the fact that he is dealing with human beings with families, not just criminal cases.

As a citizen trying to make a difference, he has worked very hard to help families deal with the consequences of addiction and the criminal behavior that often accompanies it.

We consider him a friend, the best of the best, willing to listen and add his expertise when asked for it.

Thank you, Dave, we appreciate your support more than we can say! Best of luck to you in whatever you pursue!

M.A.D.A.M./Butterfly House

