

# The Ice Breaker

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**Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better.**

**–King Whitney Jr.**

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## ***ENERGY DRINKS: Mr. Coffee Nerves comes back with a vengeance***

In the 1950s, Mr. Coffee Nerves appeared as the villain in ads for Postum, a caffeine-free beverage. Inducing his “victims” to consume large quantities of caffeine, he caused them to suffer jittery nerves, irritability, and sleeplessness. Postum would come to the rescue, restoring calm nerves and household harmony, whereupon, Mr. Coffee Nerves was heard to utter “Curses! Foiled again by Postum.”

Of course, most people accept caffeine, in the form of a good old “cup ’o joe”, as a perfectly reasonable way to start their day, have during a break in the workday, and to end a meal. Coffee is served at nearly all social functions, business meetings, even AA and NA meetings. No one seems to worry about Mr. Coffee Nerves anymore . . . but maybe we should.

In Colorado Springs, several high school students became ill after drinking Spike Shooter, a high-caffeine drink, prompting the principal to ban the beverages. Four middle school students in Broward County, Fla., went to the emergency room with heart palpitations and sweating after drinking the energy beverage Redline. In Tigard, Ore., teachers sent parents an e-mail alerting them that students who brought energy drinks to school were “literally drunk on a caffeine buzz or falling off a caffeine crash.”

Around the nation, extreme energy drinks with names like “Full Throttle”, “Red Bull”, “Monster” and “Amp” have been linked with reports of nausea, abnormal heart rhythms and emergency room visits. The beverages include a variety of ingredients such as plant-based stimulants like guarana, herbs like ginkgo and ginseng, sugar, amino acids, and vitamins. But the main active ingredient is caffeine.

Caffeine content may vary. A 12-ounce serving of Amp contains 107 milligrams of caffeine, compared with 34 to 38 milligrams for the same amount of Coca-Cola or Pepsi. Monster has 120 milligrams and Red Bull has 116. Even higher on the spectrum, Spike Shooter contains 428 milligrams of caffeine in 12 ounces, and Wired X344 contains 258.

Unlike hot coffee, which is sipped, the cold drinks are consumed much more quickly and in larger amounts, which may account for the number of overdoses and illnesses reported.

High doses of caffeine (250-500 mg) can result in restlessness, nervousness, insomnia, and tremors. In extreme cases, caffeine can cause a hyperadrenergic syndrome resulting in seizures and cardiovascular instability. Children are far more susceptible to caffeine’s effects than adults, and those under six account

for 20% of overdoses in the most recent data.

Symptoms of overdose can include dizziness, headache, agitation, anxiety, tingling of extremities, nausea, confusion, chest pain, racing heart or palpitations, diarrhea, and abdominal pain.

Worldwide, many researchers are questioning why 100 mg. caffeine tablets require labeling with safe dosage instructions and listing of side effects, while energy drinks containing nearly 500 mgs. do not. (In 1989, the Food and Drug Administration (FDA) limited the caffeine in over-the-counter medications to 200 mg/dose). Parents who would never consider passing out caffeine tablets to their children are unknowingly distributing huge amounts of caffeine to them by buying energy drinks.

Dependence on caffeine should also be of concern to parents. Children exposed to caffeine on a daily basis will eventually suffer the consequences of dependence and go through withdrawal when caffeine is removed from their diet. The most commonly reported withdrawal symptoms are listed below:

- **Headache** (often described as being gradual in development and diffuse, and sometimes throbbing and severe)

- **Fatigue** (tiredness, lethargy, sluggishness)

- **Sleepiness/drowsiness**

- **Difficulty concentrating**

- **Work difficulty** (e.g., decreased motivation for tasks/work)

- **Irritability** -- (irritable, cross, decreased well-being)

- **Depression**

- **Anxiety**

- **Flu-like symptoms** -- (e.g., nausea/vomiting, muscle aches/stiffness, hot and cold spells, heavy feelings in arms or legs)

- **Impairment in psychomotor, vigilance and cognitive performances**

Among other disturbing trends is the risky behavior associated with consumption of high energy drinks. 'Toxic jock' behavior was reported in *The Journal of American College Health*. The study's author, Kathleen Miller, an addiction researcher at the University of Buffalo, suggests that high consumption of energy drinks may be associated with risky and aggressive behaviors including unprotected sex, substance abuse and violence.

Some young people are also adding alcohol to the energy drinks. Just as the old adage about using coffee to sober up a drunk suggests, the drinker is not sober, just wide awake. Thus, young people who are under the influence of alcohol and high doses of caffeine may feel less drunk, but their motor responses and visual reaction time are no less impaired.

Dr. Mary Claire O'Brien, of Wake Forest University Baptist Medical Center in Winston-Salem, N.C. surveyed energy drink and alcohol use among college students at 10 universities in North Carolina. The study, in *Academic Emergency Medicine*, showed that students who mixed energy drinks with alcohol got drunk twice as often as those who consumed alcohol by itself and were far more likely to be injured or require medical treatment while drinking. Energy drink mixers were also more likely to be victims or perpetrators of aggressive sexual behavior.

Companies that produce energy drinks are quick to point out that they expect consumers to use their products responsibly, insisting that the product is marketed to adults "who can afford \$2 to \$3 for a beverage," and they don't encourage users to mix them with alcohol. Still, there is no doubt that the drinks appeal to younger consumers. About a third of 12-to 24-year-olds say they regularly down energy drinks, which account for more than \$3 billion in annual sales in the United States, with an expected growth rate of 47%-55% per year.

The food industry is the next to be lured into the energy trend by such stunning profits. Consumers shouldn't be surprised to see caffeine-added products such as Morning Spark Oatmeal, Sunseeds sunflower seeds, and even Phoenix Fury potato chips in their supermarkets soon.

All of this begs some questions: Why do we think we need the extra energy? Why are our children, bundles of energy themselves, seeking more of it? Certainly, caffeine is a safer alternative to amphetamine, but isn't the basic desire for a buzz the same?

In the face of the health problems associated with overindulgence in caffeine and other stimulants (high blood pressure, irregular heartbeat, gastrointestinal disturbances), physicians are recommending that their patients to return to the basics of energy renewal: adequate nutrition, adequate sleep, and adequate exercise will all result in adequate energy.

For those of us who still wish to enjoy our morning coffee, limiting our intake to two or three cups a

day should pose no health threat to adults.

Somewhere, Mr. Coffee Nerves must be saying "Curses! Foiled by research!"

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## **T.O.A.D.** **(Think Over And Discuss)**

### **Topics**

Addiction is all about promises. The user promises to stop using. The loved ones promise to stop nagging. After a relapse, the user promises again to stop, if she is given just one more chance. The loved ones promise their support. The user promises it will never happen again, but it does, over and over. Broken promises litter the lives of addicts and their loved ones, polluting every relationship.

That is the irony of the AA Promises; this time, the promise is made *to* the addict, and if she follows her recovery program, stays in touch with her Higher Power, attends meetings where she reaches out to help others, these Promises will be unbroken.

### **The AA Promises**

*If we are painstaking about this phase of our development, we will be amazed before we are half way through.*

*We are going to know a new freedom and a new happiness.*

*We will not regret the past nor wish to shut the door on it.*

*We will comprehend the word serenity and we will know peace.*

*No matter how far down the scale we have gone, we will see how our experience can benefit others.*

*That feeling of uselessness and self-pity will disappear.*

*We will lose interest in selfish things and gain interest in our fellows.*

*Self-seeking will slip away.*

*Our whole attitude and outlook upon life will change.*

*Fear of people and of economic insecurity will leave us.*

*We will intuitively know how to handle situations which used to baffle us.*

*We will suddenly realize that God is doing for us what we could not do for ourselves.*

*Are these extravagant promises? We think not.*

*They are being fulfilled among us - sometimes quickly, sometimes slowly.*

*They will always materialize if we work for them.*

*Alcoholics Anonymous Big Book*

pp. 83-84

The Promises are often read at AA, NA, and CMA meetings. They provide hope for newcomers and validation for those who have been in recovery longer. It is not unusual to see heads nod as each promise is read; the listener has noted a truth and it affirms his own experience.

Note how many of the promises deal with the selfish behavior of the addict, and how following the recovery program will change that behavior. *Self-seeking will slip away.*

While much of the Twelve Step recovery program is focused on the *efforts* one puts forth, and allowing one's Higher Power to take care of the results, the Promises of AA are all about the *result* of changes in behavior and thinking. *We will suddenly realize that God is doing for us what we could not do for ourselves.*

The AA Promises are not false or boastful claims for those who have no hope left; they are the assurances of hope from those who have found them to be wonderfully true.



# ***Just the Facts on: Heroin***

Heroin has a nasty reputation in the hierarchy of illegal drugs. The fact that the designation is well-deserved seems to be lost on those who try it for the first time.

## **What is it?**

Heroin is one of a group of drugs known as *opiates*, which means that it is derived from the opium poppy. The sap, or milk, of the poppy is dried, and produces two effective painkillers: *codeine* and *morphine*. Heroin is created when an extra chemical group is added to morphine to make it more soluble in fat, so that it enters the brain faster. It is interesting to note that that heroin is converted back to morphine once it enters the brain.

## **What are the effects?**

For some first time users, the experience is unpleasant, heroin can induce nausea, vomiting, and ringing in the ears. Others will get a warm sensation that starts in their belly and then spreads across the body, followed by a warm, dreamy sense of well-being. Some users describe it as being wrapped in a cocoon, or enfolded in a soft, warm blanket. Worries and problems dissolve away, for a few hours, at least, and that is why people will use it again, even if they understand the danger of dependence.

## **How is it used?**

Heroin can be snorted, smoked, or injected. Its property of dissolving in fatty tissue allows it to cross quickly into the body's cells. Snorting and smoking will allow the drug to enter the bloodstream through nasal passages or the lining of the lungs, but most users prefer to inject the drug directly into a vein, so that none of it is "lost" in transfer. Smoking or snorting heroin is the most common way that people first experience the drug. A popular method of smoking heroin is similar to the process of smoking meth: a foil tray is used to hold the heroin while the user heats it and inhales the smoke through a glass tube.

## **Is it addictive?**

Yes. Heroin users will develop both a *psychological* and *physiological* need for the drug. The psychological dependence starts when the rush of *dopamine*, the brain's pleasure messenger, is induced by the drug. Just as the brain will remember the smell of a cake baking and the pleasure that eating the cake brought, it will remember the pleasure produced by use of heroin.

The physiological dependence begins with the development of *tolerance* (the way the body becomes accustomed to the drug and requires more of it to achieve the same effect). After a period of regular use, the pleasure of the first rush becomes relief at obtaining the drug. At this stage, the user is hooked, and there is little or no pleasure in using the drug. Use has become necessary to block out the pain and sickness that develops when the body requires another dose.

For those who first began using heroin by snorting or smoking it, the need to find a more effective way of getting the drug into the bloodstream will lead to injecting it. Often, that change in use patterns will signal a "point of no return" to the user, who will realize he no longer *wants* to use the drug, but he *needs* to.

**“Once you’re hooked you’re never straight. You’re either stoned, or you’re sick. So maybe 60 percent of the time you’re sick, and 20 percent of the time you’re looking for the next fix, and the rest of the time, you sleep.”**

**–Heroin user**

## **What happens when users stop?**

Withdrawal from heroin (also called “going cold turkey”) is a nightmare mix of sensations for the user. Much like a severe case of the flu, the sufferer will have fever, chills, intensely aching limbs, cramps, diarrhea, vomiting, restlessness, and terrifying waking dreams. The skin can also become very itchy and develops bumps similar to goosebumps (like a plucked, “cold turkey”).

The symptoms will subside in a week to 10 days, but the weakness and sense of dysphoria (loss of well-being) can last for months. If the user can stay off the drug, the physical symptoms will subside. Often, however, even after suffering the hell of withdrawal, the user will go back to the heroin as soon as he finds it. The psychological dependence may be more powerful than the physical need. The psychological need can be so strong that users will feel comfort even to fill a syringe with water and go through the

motions of injecting it, finding relief in the ritual of use.

### **How long has it been around?**

Although heroin itself is only about 125 years old, opiates have been around for centuries. The opium poppy grows in central Asia, where records show that Assyrians and Babylonians were using opium about 4000 years ago. The ancient Greeks and Romans also used opium to calm and relax (the Greek god Morpheus—from whom morphine takes its name— is often depicted with a handful of opium poppies).

Traders brought opium to China around 600 A.D., and that was where it developed as a recreational drug. At the same time, Europeans were also using the drug for both medicinal and pleasurable purposes. In the 1500s, a mix of opium, with alcohol and spices, became the drug *laudanum* (latin for “worthy of praise”). Laudanum was legal and sold over the counter in the United States until 1920.

By the mid-nineteenth century, opium smoking was relatively popular worldwide, with clandestine opium dens opening wherever sailors returning from trips to the Far East could sell it. Chinese immigrants to the United States brought their opium and their habits with them, causing the government some alarm.

Researchers were also interested in opium, for its medicinal uses. In 1874, German scientists modified morphine to make it stronger, a substance they called *heroisch* meaning “powerful” in German. The version of heroin we know today was developed by Swiss scientists in 1898, when they added an extra chemical group to make it soluble in fat.

### **Why do people use it?**

It seems as long as there has been physical and emotional pain, there has been a human desire to relieve it. Heroin, with its promise of lasting warmth, comfort, well-being, and a sense of being insulated from sadness, poverty, and pain, makes it an attractive drug to those who want to “just get away” from life.

At first, it offers a way out of a life that is difficult or boring. Later, it can only offer the relief of finding it and using it to keep sickness at bay.

### **Are there other health risks with heroin use?**

Shared needles present a huge risk of spreading diseases such as Hepatitis C and HIV. Overdose is very common, since purity of the drug is variable. Heroin dealers regularly add fillers to the heroin they sell, in order to make a bigger profit. The more hands the heroin has passed through, the more it has been cut. However, if a user buys a batch with less additives, his normal dose is likely to be too much, and he will OD.

### **What effects does it have on societies?**

As with other addictive drugs, heroin is associated with crimes committed by users to get money for it. Heroin users can also place a burden on local hospitals and clinics, law enforcement, and child protective services as they develop medical problems, commit crimes, attempt to scam money and goods from social services agencies, and neglect or abandon children.

Since opium poppies are grown in relatively poor countries such as those in Southeast Asia, as well as Afghanistan and Pakistan, efforts to stop production have not been well-received. In Afghanistan, in particular, Taliban leaders support poppy growers in order to fund training camps for would-be terrorists.

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## **War on meth is working in Western Wisconsin**

In the spring of 2005, members of Moms and Dads Against Meth, Inc. joined the war on methamphetamine. Law enforcement officers, legislators, and government agencies were already deeply involved in the battle against a little-understood and relatively new drug, and we felt called to help in any way we could.

Our first objective was to educate the public about meth; we wrote letters to newspapers, created information flyers, buttons, and started *The Ice Breaker* newsletter. Doreen joined Meth Advisory Committees in Polk and St. Croix Counties in Wisconsin, and those committees worked to learn more about meth and brainstormed ideas to combat its use.

Senator Sheila Harsdorf of River Falls, Wisconsin, had already joined the fray and introduced Senate Bill 78, which regulated sales of pseudoephedrine (the active ingredient in many cold medicines, and an essential ingredient in meth). The legislation essentially put the meth manufacturers out of business. The Bill went into effect in October of 2005, and it has made a huge difference in the manufacture and availability of meth in Western Wisconsin and Eastern Minnesota. While methamphetamine continues to

be imported from Mexican labs, its prevalence in the area has dropped considerably.

In addition to the legislation, law enforcement and social service agencies hosted meth awareness seminars at which speakers and displays educated the general public about methamphetamine. People who understood the drug, its effects on users, its highly addictive nature, and what to watch for in their families and communities were armed with the knowledge they needed to fight meth locally.

Three years later, the results of the efforts to eradicate meth are remarkable. In 2005, Polk County prosecuted 86 meth cases; that number dropped to 38 in 2007. St. Croix County had similar results with 84 cases in 2005 and a drop to 38 in 2007.

The flip side of this stunning success, however, is that use of cocaine and marijuana has continued, and even risen in some areas. Thus, the war against methamphetamine seems to be working, but the war on illegal drug use wages on.

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### ***BUTTERFLY HOUSE: Capacity increased; coalition considered***

The Butterfly house received permission to increase resident capacity at the October 20 meeting of the St. Croix Falls Planning Commission.

Doreen Rivard explained to the committee that the house has had up to six residents at one time, with a waiting list for women wanting to reside there. She assured the committee that eight women could live comfortably in the home, even if some women bring children to live with them. The conditional use permit was expanded from a maximum of six residents and children to eight adults and eight children.

The house is staffed for 24 hours, and provides transportation, meals, etc. Principle funding comes from residents' fees of \$400 per month. Grants and donations supply the rest of the funding.

The Butterfly House, which has had no nuisance calls or disturbances since opening in May, 2007, was praised by Mayor Darrell Anderson, who said "It sounds like you're doing a wonderful job."

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Members of Moms and Dads Against Meth, Inc. are saying "what if" again.

Readers will remember that our last "what if" led to the opening of The Butterfly House. What we have in mind now will expand on that idea.

We've been wondering what would happen if all the sober houses in the area formed a coalition? We imagine a group of people committed to helping others get sober, a network for shared ideas, knowledge, experience, and activities.

With that idea in mind, we plan to contact other transition houses in the area to determine if there is interest in such a group.

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## **Meth Monster**

**Help was offered,  
I turned it away . . .  
Chased by the meth monster,  
With my life I will pay . . .  
  
As I twist on the bubble,  
As I inhale the smoke . . .  
My existence means nothing.  
My life is a joke . . .  
  
A line on the table,  
A bag in my jeans . . .  
I take another hit,  
POOF! There go my dreams . . .  
  
I can't help myself,  
I'm out of control . . .**

When will it end?  
What will become of my soul?

Hooked as I am,  
I cannot let go . . .  
Incapable of caring  
I make plans and don't show . . .

I push my family away  
As I go down the drain . . .  
I've hurt them so much,  
Caused nothing but pain . . .

I pawn my possessions,  
I steal to get high . . .  
Friends now avoid me,  
They don't understand why . . .

I've lost my future,  
I've lost my mind . . .  
I've lost all hope,  
My sanity—I can't find . . .

My heart is sick,  
My brain is fried . . .  
Why can't I stop?  
I've tried and I've tried . . .

**What will it take? Will my story end well? I burned all my  
bridges. . .  
When I entered METH HELL!**