

The Ice Breaker

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I know God will not give me anything I can't handle. I just wish that He didn't trust me so much.

-Mother Teresa (1910 - 1997)

Thanksgiving at the Butterfly House will be warm and energy-efficient, thanks to WestCAP. The terrific crew of workers installed new windows, boiler, water heater, attic and wall insulation, vents, and did other repairs.

We will be grateful for years to come for their efforts and generosity!

Thanks, WestCAP!

Hepatitis C: A silent killer at large

An inmate walks out of the gates of the prison where he has served a four-year sentence on drug charges. He's looking forward to seeing his girlfriend, his five-year-old son, and sitting down to a good steak dinner with his family. He's clean and sober, ready to start over and do everything right this time. From here on out, life is going to be good. He is unaware that he is carrying Hepatitis C, a deadly disease that could be passed on to his loved ones if precautions are not taken.

Hepatitis C is a liver disease caused by a virus carried in the blood. The disease may remain dormant and asymptomatic for years before liver damage is obvious; however, the damage can lead to cirrhosis and liver cancer.

In one out of five cases, the virus will clear from the system naturally; those who are not as lucky may require treatment to avoid liver damage. An underappreciated organ, the liver helps to fight infections, filter toxins from the blood, stop bleeding, and store energy. A diseased liver can be a death sentence, if not treated.

Symptoms of Hepatitis C can range from flu-like aches, nausea, loss of appetite, fatigue, stomach pain, low-grade fever and diarrhea to jaundice (yellow skin tones and whites of eyes), dark-colored urine and light-colored stools (indicating liver disease).

Testing for the presence of the virus is a simple blood test, and further testing may include a liver biopsy (a needle biopsy that involves little discomfort) to assess damage.

Hepatitis C is a bloodborne pathogen, meaning that it cannot be spread through casual contact such as hugging, sharing a drinking glass, coughing, or sneezing. Nursing mothers cannot transmit the virus

through breast milk, and cases of sexual transmission are somewhat uncommon. Nevertheless, the World Health Organization considers Hepatitis C to be as urgent a health crisis as HIV.

There are treatments available for Hepatitis C infection, but not everyone needs aggressive treatment to avoid liver damage. Doctors make decisions about treatment based on how much damage the liver has sustained, other health conditions the patient has, how much virus is in the body, and what type of hepatitis C virus is present. Treatment is not always an option because the medicines used to treat hepatitis C have significant side effects, are expensive, and do not work for everyone. The goal of treatment is to eliminate the virus from the body as soon as possible, to avoid extensive liver damage.

Antiviral medicines for hepatitis C may not be recommended for those who:

Drink alcohol or use IV drugs.

Have advanced cirrhosis.

Have severe depression or other psychiatric problems.

Are pregnant or might become pregnant. (Two forms of contraception must be used during treatment and for 6 months after treatment because the medicines used to treat hepatitis C are toxic to the fetus.)

Have an autoimmune disease such as lupus, rheumatoid arthritis, psoriasis, or certain medical problems such as advanced diabetes, heart disease, or seizures

Antiviral medicines to treat hepatitis C include:

Peginterferon and other *interferons*, which are similar to a protein the body makes to fight off infection.

Combination antiviral therapy with *interferons* and *ribavirin*, which increases the chances of getting rid of the virus. *Peginterferon* is given as a weekly shot, and *ribavirin* is taken as a pill 2 times a day.

The length of treatment depends on what hepatitis C genotype has been detected. Genotype 1 generally is treated for 1 year and genotypes 2 and 3 generally are treated for 6 months. If the liver does not show signs of improvement after 3 months of treatment, treatment may be stopped.

Even if medicines are recommended, they may not work or they may not work for the long term.

Chronic hepatitis C infection can be cured or controlled in about half of people who are treated with the combination of medications. Studies

have shown that treatment works for up to 50% of people with genotype 1 and up to 80% of people with genotype 2 or 3.

Although treatment does not lower the viral load in the blood in all cases, some studies have shown that treatment may still reduce scarring in the liver, which can lower the chances of developing cirrhosis and liver cancer.

Medicines for hepatitis C are expensive and have serious side effects, such as constant fatigue, headaches, fever, nausea, depression, thyroid problems, and many others. Those are just some of the factors that will need to be taken into consideration when deciding on a treatment course. There is a wealth of information available on the Internet, which can provide topics to be discussed with one's physician. (WebMD.com is an excellent source of information.)

The inmate at the beginning of this article had a stroke of luck with his probation officer, who is aware of the prevalence of Hepatitis C in prison populations. Noting the prison-made tattoo on her client's left arm, she suggested a blood test, which showed that he had contracted the disease. He is now working with a doctor to monitor his liver function and make decisions about treatment. If his luck holds out, the medical insurance he has through his new employer will help him with the bills.

While there are no accurate figures on how many inmates have Hepatitis C, some researchers estimate that about 40 percent of the 2.2 million in jail and prison are infected, compared with just 2 percent of the general population. Wisconsin is one of a few states that has a proactive policy with regards to Hepatitis C infections in prison. Prisoners are tested for the virus and most are offered treatment, depending on their length of sentence (treatment for Hepatitis C can take up to 18 months) and physicians' recommendations.

It's a common-sense approach to avoid a larger health-care crisis in the community outside of prison. At least 90 percent of prison inmates will be released to the general population, if they carry Hepatitis C, they are likely to spread it. While the treatment is expensive, and taxpayers may balk at the notion of providing free treatment to prisoners when so many people outside of prison lack basic health care, in the long run, it will save millions of dollars and thousands of new cases of Hepatitis C.

The other most important weapon in preventing an epidemic of Hepatitis C is education. Those who are already infected need to understand the disease and take seriously their responsibility not to infect others. No one *has* to get Hepatitis C. As a society, it's to our benefit to make sure that everyone understands that.

Avoid Hepatitis C Infection:

- Don't ever shoot drugs. If you shoot drugs, stop and get into a treatment program. If you can't stop, never reuse or

- share syringes, water, or drug works, and get vaccinated against hepatitis A and hepatitis B.
- Do not share toothbrushes, razors, or other personal care articles. They might have blood on them.
- If you are a health care worker, always follow routine barrier precautions and safely handle needles and other sharps. Get vaccinated against hepatitis B.
- Always use safer sex practices, by using a latex condom, and avoiding transmission of body fluids. While the risk of sexual transmission is not as high as some other forms, it is still possible to pass it to a partner.
- Consider the health risks if you are thinking about getting a tattoo or body piercing: You can get infected if:
 - the tools that are used have someone else's blood on them
 - the artist or piercer doesn't follow good health practices, such as washing hands and using disposable gloves

Understanding Addiction Terms: What is Queen Baby?

Queen Baby is a term taken from famed psychoanalyst Sigmund Freud's phrase: "His Majesty, the Baby". Freud's theory describes a person with an inborn attitude of being the center of the world, which justifies any behavior in order to get one's needs met. (Which describes the thinking and behavior of the majority of addicts.)

We all start out as a King or Queen Baby. Even before birth, we are entirely dependent on others to meet our needs. In infancy, it becomes clear to us that we are the person around which all others revolve. We cry, we get fed, we cry, we get clean diapers, we cry, we get cuddled. We learn early on that we can manipulate others to meet our needs.

As we grow, we come to realize that others around us have their own needs. In the process of maturing, we must learn to find a balance between our own self-importance and the importance of others. The King or Queen Baby personality never quite reaches that balanced level of maturity and will strive to maintain that sense of security and comfort she felt as a child.

That immaturity is demonstrated by avoiding conflict, a low tolerance for frustration, and poor impulse control. These behaviors can lead to a life lacking in intimacy with others and difficulty maintaining sobriety. While we all may have *some* of the following characteristics, many of us have learned how to cope with our emotions and conflicts as we matured. Could you be a Queen Baby? See how many characteristics you see in yourself:

- Do you have difficulty taking direction from authority figures? Do you try to find ways to challenge authority without direct conflict, through undermining and gossiping?
- Do you have a tendency to compromise your own preferences to get approval from others?
- Do you have difficulty accepting negative feedback or critiques. Does it make you feel anger and shame and you avoid situations where you may have to accept advice or criticism?
- Do you have difficulty giving honest feedback because it may affect others' view of you? When asked for an opinion, do you tend to give the answer you think others want to hear?
- Do you have trouble communicating anger or frustration in a direct or honest manner? Do you tend to overreact in stressful situations?
- Do you feel alone, convinced that you are unworthy of love?
- Do you have trouble taking responsibility for your own choices, seeing yourself as the victim of circumstance and others' mistakes. Do you sometimes feel that your Higher Power or others in your life try to sabotage your efforts to get what you want? When the consequences of your choices are pointed out to you, do you have trouble recognizing that the fault is your own?
- Do you feel that your problems and experiences are unique in the human condition, that you have nothing in common with others and their problems?
- Do you depend so heavily on others that you become very angry and resentful when they fail to see to your wants and needs? Do you have trouble communicating why you are angry?
- Do you do things for others with a motive of storing up favors to be called in at a later time. Do you become angry when others fail to "pay up", even though they may not know they "owe" you?
- Are you often in "crisis mode", trying to solve everyone's problems and issues because you are the only one capable of it?
- Are you judgmental of others, seeing only their faults and no similarity to faults of your own?
- Are material possessions and status extremely important to you? Do you look down on those who have little as being lazy and those who have much as being arrogant?
- Do you harbor resentments to justify your own bad behavior?
- Do you feel compelled to do everything to perfection, and hate trying to learn new skills, if you can't be an expert right away?
- Do you have an exaggerated fear of rejection? Do you think much of your value is based on what others think of you?
- Do you have difficulty with following rules, especially if you believe that they are "unfair" or "silly"?
- Do you find it difficult to directly express anger, frustration and disappointment? Do you feel that others should know what the problem is and take immediate steps to fix it?
- Do you live your life for your spouse or children? Do you minimize your own needs to them, and then feel

hurt and angry when your family doesn't notice that your needs are not being met?

Can you find five traits that you related to? Try listing them with an example of how each trait pertains to you. Does it adversely affect your professional or personal life? Do you think you can change the behavior? Can you use your Twelve Step recovery process to help you change it? How?

Women have a lot of difficulty with self-acceptance. Between what is portrayed in the media, and what women see in themselves, it can be difficult to develop a healthy sense of one's body, mind, and spirit. Women internalize those self-doubts as feelings of inadequacy, shame, and guilt. Many women caught in this struggle will turn to external sources of comfort: drugs, alcohol, sex, excessive gambling or shopping, etc., thus provoking a cycle of looking outside oneself for the remedy needed within. The result of this fruitless search for fulfillment can manifest itself as addiction.

The relationships we have in our lives can speak volumes about our emotional health. In the case of Queen Baby, relationships are a way to get her needs met and to avoid pain and rejection. In her shame-based, self-defeating way, she will nevertheless experience the pain she is trying to avoid.

Queen Baby tends to assume roles in her relationships, rather than allowing others to know her true self, which she fears will result in rejection and abandonment.

As a Tomboy, she can garner the trust and admiration of men while feeling superior to those of her own sex. In the process, she will deny herself the comfort of same-sex friendship, and is, in a way, rejecting herself. As Mother/Caretaker, she considers her care of others, such as her husband and children, as a sacred duty. Nothing is too much to do for her loved ones, even if it goes against what she needs and wants for herself.

She might be the Little Girl, who seems to recreate her childhood by having others take care of her. She relies on others to make the difficult decisions, do the work, and, if things don't work out, take the blame. The Barbie Doll, just like the doll itself, is an image of a woman, to be dressed and taken out when wanted. She takes her cues from what others seem to want from her, so she'll dress, act, and work hard to live up to their image.

The Sexual Satisfier and People Pleaser use different tactics to achieve the same purpose: to be loved and accepted. Whether her role leads to promiscuity or being exploited, she will push her true feelings aside in order to gain what she needs.

There are other roles Queen Baby can assume, but the problem is not the roles themselves as much as it is the need to assume *any* role. Someone who feels unable or ill-equipped to show her true self in relationships is bound to fail at them. Presenting a façade to others reinforces the internal message that she is not worthy, and in time, that façade will crack.

In a Twelve-Step recovery program, we learn that our attitudes and behaviors have interfered with our relationships: with our Higher Power, with ourselves, and with our loved ones. As we progress through the Twelve Steps, we are forced to confront the fact that our situation is the result of choices we made. We take responsibility for what those choices have created, and we recognize where we need to make changes in ourselves to recover from addiction and to have abundant, happy lives.

Recovery is a journey, not a destination; we continue to strive for the best we can be, do, and create in our lives. During this process, we must realize that our relationships will change. Some of our friends and loved ones will be uncomfortable with our "new role" as ourselves. Queen Baby might have been easier to manipulate to meet their needs and expectations. It is essential for the person in recovery to put herself first in this situation. Friends and lovers may come and go, but the person in the mirror is with us throughout our lives; can we look her in the eyes and love her?

Source: *Queen Baby*, by Sheila Hermes; a Hazelden Classic for Clients booklet.

Word of the Month: Wish

We all use words to praise, to express love, to hurt, to vent our anger, and to try to make others understand us better. We've chosen twelve words that we think can have both very positive and very negative connotations, and we'll take a look at both sides each month.

"I wish you sunshine on your path and storms to season your journey. I wish you peace in the world in which you live... More I cannot wish you except perhaps love to make all the rest worthwhile."

-Robert A. Ward

We wish. We wish upon stars, chicken bones, fallen eyelashes, birthday candles, fountains and wells. We wish and then we break the bone, blow the eyelash away, blow out the candles, throw the coin into the water, and wait for the wish to come true.

We wish that history could be rewritten, that words could be taken back, that old wounds would heal, that new wounds would sting less. We wish we had more money, more time, less work, less stress. We

wish we understood the mysteries of life and how best to live it. We wish and wish and wish.

Once in awhile, we wish for others. If they are ill, or hurt, or just having another birthday, we might send a card that says “Best Wishes.” Do we really think about that statement as we sign our names? Are we truly sending our “best” wishes, as opposed to all the other wishes we send out?

It’s something to think about, this wishing habit. . .

Never grow a wishbone, daughter, where your backbone ought to be.”

–Clementine Paddleford

Wishing won’t do the work. Wishing won’t make it so. Wishes, unlike hopes, have no basis in fact. To hope is to know there is a possibility, to wish is to admit defeat.

Let us take things as we find them: let us not attempt to distort them into what they are not. We cannot make facts. All our wishing cannot change them. We must use them.

–John Henry Cardinal Newman (1801 – 1890)

So, we can waste a lot of time wishing that things were different or we can get down to the work of fixing them. Take a cue from the Serenity Prayer: accept the things you can’t change (the past, others’ behaviors and beliefs); change the things you can (your heart, your behaviors, your thoughts, your deeds); and know that God will help you to recognize the difference. No wishing; just praying, listening, and doing the work.

The Science Behind Gratitude as a Way of Living

On Thanksgiving Day, millions of American families will sit down to a table piled with their favorite foods, and each member will be asked to tell what they are thankful for. It’s a feel-good moment on a holiday, and the answers will range from: Grandma’s pumpkin pie to Dad’s love for his family. One day a year, we can all be grateful for something. . . But what would happen if we were grateful all the time?

The answers may be found in a 2003 study done by professors Robert Emmons and Michael McCullough. Emmons, a psychology professor at UC-Davis, was interested in whether gratitude played a role in emotional and physical well-being. He and McCullough gathered three groups of volunteers and assigned each group a different set of things to focus on.

Group one was to concentrate on all the little and large irritants in their day, from traffic mishaps to spilled coffee. The second group was asked to reflect on all the good things in life, from loved ones to beautiful scenery.

Group three’s assignment was most like the general population: think about your everyday life, in other words, the mundane shopping, cleaning, and work of living.

There was no refuting the results: Group Two was happier, healthier, and had positive effects on those around them. People in the group reported having more energy, and fewer stress symptoms, such as headaches. Others’ perceptions of the grateful group was that they were more likely to reach out to help others.

“This is not just something that makes people happy, like a positive-thinking/optimism kind of thing. A feeling of gratitude really gets people to do something, to become more pro-social, more compassionate,” said Emmons.

In a study conducted by psychologist. Alice M. Isen, half of a group of doctors were rewarded with small bags of candy for helping with difficult diagnoses, while the other half received nothing for their help. The group that had received the “thank you gifts” seemed to put forth more effort and seemed more able to process the information into solutions. Again, positive emotions create positive results.

How can you harness this great power for your own use? Practice gratitude! Take a moment every day to write down at least three things that happened during the day that made you smile, lifted your spirits, or made you feel loved. Add why each little lift was good for you: it helped you remember good times, let you know someone was thinking of you, or made you appreciate your surroundings more. In a short time, you’ll be looking for things to be grateful for

during the day, and looking at life in a more positive way.

Now that you've got the power, pass it along. If you give it away, it will come back to you a thousand-fold. Tell the nurse she's doing a great job as she pokes that flu shot home, thank the cashier for fast service, hug your husband for no particular reason. Those little kindnesses might go in someone else's gratitude journal at the end of the day, not to mention that you'll be aces in the eyes of that nurse and cashier!

For more information on this topic from the October 2007 Reader's Digest, or to get a copy of *Thank You Power*, by Deborah Norville, go to rd.com/thanks.