



## Toad Topic--Admitting

Recovery from addiction involves a lot of *admitting*. It starts with the very first step, in which “we admitted we were powerless over” our addiction. To go from a state of denial, years of lying and covering-up, to making such a huge admission about ourselves takes great courage and great fear.

In addiction, there are two forms of denial; one, that there is a problem, and two, that we need help with it. Often, addicts realize that they have come to *need* their drug, but still believe that they can stop . . . eventually. The trouble is, *eventually* is a long, long time, and for the addict waiting for that perfect day to stop using, eventually never comes.

It’s ironic that a person who has been systematically committing suicide day after day, by using a drug, will suddenly develop a fear for his life. Fear becomes an ally in the fight against denial, and he has to admit that there is a problem and he can’t fix it by himself. At this point, he may seek help for himself, or he will allow family and friends to intervene and nudge him into a treatment program.

Now the real admitting begins, as he learns to accept and *admit* that he is powerless over his drug and that his life has become unmanageable because of it. He has made it through the first of his Twelve Step program.

Steps Two and Three (coming to believe in a power greater than oneself and making a decision to turn one’s life and will over to that Higher Power) will also require some admitting. This admission is defined as “allow,” “let in,” “give access,” “welcome,” as in admitting his Higher Power into his life.

In Step Four, he will make “a searching and fearless moral inventory of himself” in which he will delve into the deepest part of his soul, trying to discover what made him an addict and what will make him whole. That sets up another admitting process.

Step Five calls for more admitting, and this may be the hardest admission of all. In this step, he will “admit to God, to ourselves, and to another human being the exact nature of our wrongs.” It would be tough enough for anyone to make such a confession, but for an addict who has let his disease run riot over his life, often destroying other lives in the process, it is an excruciatingly painful process to revisit and *admit* to his behavior.

The next four steps will involve his relationship with God and with others, as he “humbly asks God to remove our shortcomings,” lists those to whom he owes amends, and makes those amends wherever possible.

This leads the addict to Step Ten, which will become an important part of his maintenance program. In this step, he will continue to take his personal inventory and promptly *admit* it when he is wrong. More admitting, keeping him honest with himself and others, will keep him on his new, life-affirming path.

In Steps Eleven and Twelve, he maintains his conscious contact with his Higher Power, strives to pass along what he has learned to other addicts, and continues to practice what he’s learned in all his affairs.

**In his recovery journey, *admitting* has earned him *admittance* to a better life.**

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## Editor’s Corner

They call it “crystal”, “glass”, or “ice”. Names that evoke sparkling clarity, which is what it promises, in the beginning. The pieces sparkle in the foilie, reflect the light in the bubble. But no one really cares about how pretty it seems to be; the object is to melt it, turn it to smoke and inhale it. Chase the dragon, get the high, forget the world, build your own world around it,

Sometimes, people call it “shards”, evoking a vision of broken glass. That’s the most apt name for a drug that cuts and tears its users. Think of the shattering sound that glass makes when it breaks; it always seems to precede cries of outrage, pain, or fear. Often, it draws blood, and leaves scars.

Think of shards of a broken mirror; the user’s face and her surroundings reflected in little pieces on the floor. She is a fragmented soul, each part a mere reflection of the person she used to be. Seven years of bad luck? Hah! There’s no limit on the bad luck that comes with using this drug.

That’s methamphetamine. No matter what you call it, it cuts to the bone, excises all the good in the user, and leaves a scar the size of Wyoming on the soul.

It tears into families, leaving children alone, brothers and sisters betrayed and angry, parents hurt and confused. It takes love and rends it, distorts it until it becomes a cloying, needy disturbance to the addict. “Don’t love me,” she screams. “I’m not worth it,” he shouts.

Meth has reshaped their conception of love; love is the way the drug feels, love is what it promises with every hit. Love is what she feels for those who know, as she does, that life is nothing without meth. Even as they cheat her, steal from her, procure meth by selling her, abuse her, revile her, and betray her, she will believe it is love. She will forgive, forget, and pass the bubble. The *glass* has so distorted her self-image, she doesn’t see the girl in the mirror, so thin, haggard-looking, sores on her face, dull-eyed and washed-out. She sees what she wants to see, what the meth allows her to see.

But glass can be broken, the shards safely swept away, the pieces gone forever. The image in the mirror can be faced with affection and hope. If users can look around the bubble and see what a beautiful world it can be when you don’t distort the image with glass.

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I heard a t.v. commercial that I thought was saying “I want to hit the bottom this Christmas,” which made me hurry into the room to see what it was about. It turned out it had said “I want a hippopotamus for Christmas.” Now, is it crazy that addiction issues come to my mind so quickly, or that I was disappointed that the commercial wasn’t for a new treatment facility?

# Just the Facts on: Marijuana

Marijuana (*ganja*, *pot*, *herb*, *smoke*) has a long history. Evidence of its early use has been cited in numerous places, such as the 2003 discovery of a leather basket filled with leaf fragments and seeds next to the mummified remains of a shaman in China. An indication of inhalation as a method of use was found in the charred seeds in a brazier discovered at an ancient burial site in present-day Romania. Documentation of its use as a medicinal herb can be found in the *Vienna Dioscurides*, a copy of *De Materia Medica* by Dioscurides created in 512 A.D.

Today, the plant *Cannabis sativa* (sub-spec. *indica*) is both revered and vilified, depending on which side of the legalization issue one stands.

The active ingredient in marijuana is *delta-9-tetrahydrocannabinol*, also known as *THC*. While all parts of the plant contain some THC, the heaviest concentration is in the *trichomes* (hairy outgrowths) and the female flowering buds. (The drug *hashish*, or *hash*, is made from the heated trichomes of the plant, and contains a very concentrated form of THC).

Marijuana is most often smoked in pipes, cigarettes (*joints*) or emptied cigars (*blunts*). A visit to a “head shop” reveals the wide array of pipes, bongs (water pipes), cigarette papers, screens, cleaners, roach clips (for holding the joint as it burns), and other paraphernalia available for marijuana use. Ironically, sale of these items is legal, but possession of them for use in marijuana smoking is not.

A vaporizer can be used to inhale the smoke. Heating the plant parts to 365–410 °F causes the ingredients to evaporate into a gas, rather than burn. This is believed to be a healthier means of consumption, since many of the toxins of burning the plant are not present in the vapor.

Marijuana can also be used in recipes and eaten. The plant must be heated or dehydrated to allow the deoxycarboxylation of tetrahydrocannabinolic acid required to produce the psychoactive THC. Alice B. Toklas, writer and life partner of Gertrude Stein, is credited with the most famous recipe for marijuana brownies (although the recipe was actually called *Haschish Fudge*) in her book *The Alice B. Toklas Cookbook*. A mildly psychoactive tea can be produced with marijuana, but the effect is very mild, due to the limited water-solubility of THC.

Medical uses for marijuana are still being studied, and include treatment for nausea, glaucoma, and breast cancer. The United States government has studied its properties for military use; in the early 1940s, cannabis was used as a truth serum by the Office of Strategic Services (OSS), causing the subject to be “loquacious and free in his impartation of information.”

Useful purposes aside, most world governments have banned use and possession of marijuana, some with prison sentences of 10 years to life. In the United States, possession of a small amount of marijuana is treated as a misdemeanor offense, with limited jail time and fines.

THC acts on cannabinoid receptors in the brain, inducing the cellular reactions that ultimately lead to the high. The number of receptors varies in different parts of the brain, with some areas highly concentrated with them, and others with

few or none. The parts of the brain that deal with pleasure, memory, time perception, thought processes, and coordination have the most cannabinoid receptors, therefore affecting those functions more profoundly.

Marijuana is unique in its classification, or lack of one. The drug exhibits properties of hallucinogen, depressant, stimulant, and antipsychotic. Because of the THC, it is most often labeled a hallucinogen, because it changes perceptions of sight, sound, sensation, and consciousness. The high is often described as a sense of relaxation, calm; and mild euphoria. Testing has shown that people under the influence of marijuana have altered perception, impaired coordination, and will have difficulty with problem solving, learning, and memorizing. These effects can last days or weeks after the drug was last used; those who use it daily will function at a suboptimal intellectual level until long after the drug use is stopped.

Research on the long-term effects of marijuana abuse indicates changes in the brain similar to those seen after long-term abuse of other major drugs. Cannabinoid withdrawal in chronically exposed animals leads to activation of the stress-response system and changes in the activity of nerve cells containing dopamine. Dopamine (the pleasure chemical of the brain) regulates motivation and reward, and is affected by all drugs of abuse.

Studies of long-term marijuana use also weigh in on the question of whether the drug is addictive. It can lead to compulsive drug-seeking and abuse despite the consequences, which certainly fits the definition of addiction. Long-term abusers who have quit using it report temporary symptoms such as irritability, insomnia, decreased appetite, and drug craving, which also suggest dependence. Most researchers agree that while marijuana is not as addictive as methamphetamine or heroin, abuse of it can lead to similar dismal consequences (loss of job, school, family, friends, and health).

The latest treatment data indicate that in 2006 marijuana was the most common illicit drug of abuse and was responsible for about 16 percent (289,988) of all admissions to treatment facilities in the United States. Marijuana admissions were primarily male (73.8 percent), White (51.5 percent), and young (36.1 percent were in the 15–19 age range). Those in treatment for primary marijuana abuse had begun use at an early age: 56.2 percent had abused it by age 14 and 92.5 percent had abused it by age 18. (*From National Institute of Drug Abuse data.*)

Effects on physical health may be similar to those experienced by cigarette smokers: chronic lung disease, increased risk of heart attack, cancer, and stroke. However, since marijuana smoke can contain 50 to 70 percent more carcinogenic hydrocarbons than tobacco smoke, and is held in the lungs longer, it can be even more hazardous to health.

Some studies have shown an association between chronic marijuana use and increased rates of anxiety, depression, and schizophrenia. Still, there is much debate about whether marijuana use causes mental problems, exacerbates them, or is used in attempt to self-medicate symptoms already in existence. A very young person who subjects himself to marijuana abuse may be running the risk of some form of mental illness later in life, particularly if he was exposed to stresses (abuse, addicted parents, trauma) early in life.

Along with cigarettes and alcohol, marijuana is widely believed to be a gateway to abuse of other, more dangerous drugs. Parents can be instrumental in closing that gate by establishing an honest dialog with children about all forms of risky behavior (drugs, alcohol, smoking, etc.).

## M.A.D.A.M./Butterfly House 2008 Year End Summary

In 2008, the focus of *Moms and Dads against Methamphetamine Incorporated*: was to educate the surrounding communities about the danger and consequence of using methamphetamine and other illicit drugs, as well as support the activities of *Butterfly House*—a sober transition house for women in St. Croix Falls, Wisconsin.

**Newsletter**—*Moms and Dads against Methamphetamine Inc.* has continued to educate many individuals and organizations through our monthly newsletter—"The Ice Breaker". We print and send out 500 copies per month to schools, libraries, jails, prisons, treatment centers, counselors, and many individuals.

**Crystal Methamphetamine Anonymous meeting**—We serve **10-15 persons per week** with our CMA meeting at Butterfly House on Monday evenings at 7 pm.

**Butterfly House**—An outreach project of Moms and Dads against Methamphetamine Incorporated that began on May 1st of 2007.

*Our mission is to provide a safe, sober residence for women in recovery from alcohol or other drug dependency while introducing sober living skills, peer-to-peer fellowship and support, and educational experiences that will aid them in the transition back into their families and/or communities.*

## **In 2008:**

Butterfly House provided shelter and services for **19 women and 2 children** that came to reside at Butterfly House. Our longest term of stay was 8 ½ months and our shortest was 14 days. Our youngest adult resident was 17 years old and our oldest was 65. Our youngest child resident was 8 months old and our oldest was 2 years old.

Before coming to live at Butterfly House, all **19 potential residents** were unemployed, some for years. All that have desired employment have been able to find it while a resident of Butterfly House. All that have been motivated to work hard have been able to maintain their job.

We have assisted **11 residents** with obtaining identifying documents such as social security card, birth certificate, Wisconsin ID and driver's license that are needed to gain employment and other benefits.

We have provided **4 residents** with transportation to orientation and testing for obtaining a GED or HSED. We have provided tutoring for **2 of those residents**.

We have provided daycare for **1 resident** (at no charge to them) for a period of 2 weeks.

We have provided all **19 residents** with transportation to appointments, judicial proceedings, and 12 step meetings.

We have provided **1 resident** with funding for electronic monitoring for a period of 3 months as required by Department of Corrections.

We provided **1 resident** with transportation to and from Wausau Wisconsin for a 4 hour state-wide test, orientation and interview for a job with the Department of Transportation.

Butterfly House provided safe, supervised visitation for **4 residents** and their non-custodial children.

Butterfly House provided funding for **5 residents** to attend self defense classes.

**4 Butterfly House residents** volunteered time to the Restorative Justice Program.

Moms and Dads against Meth Inc. provided funding for **16 of our 19 residents** to attend Second Sunday Programming at Hazelden Treatment Center on a monthly basis. This consists of a day per month of AA meetings, lectures, recovery meetings, lunch and fellowship.

Moms and Dads Against Meth Inc. provided funding for **3 residents** to attend a weekend recovery retreat on Lake Wapogasset in Amery WI.

While in residency at Butterfly House, **6 residents** obtained their driver's permit and **2 residents** have obtained their occupational driver's license.

**13 out of 19 residents** maintained their sobriety for the duration of their stay at Butterfly House.

**11 residents** were provided with mental health counseling at Butterfly House through grants from *Osceola Community Foundation* and *Counseling Associates of St. Croix Falls*.

**With grants from local community foundations, we have provided assistance with medical and dental bills, prescription costs, over-the-counter health remedies, and mental health counseling.**

We have recently formed an alliance with other independent sober transition houses in the St. Croix Valley, so that we may better serve our residents by sharing experience, knowledge and resources. The name of our collective group is **St. Croix Valley Sober House Alliance** and consists of sober houses for men and women located in Polk, St. Croix, Burnett and Pierce Counties of Western Wisconsin.

We are also developing a volunteer network that will help support our endeavors in the future.

## **Accomplishments-2008**

**Letter from District Attorney**—In November 2008, Moms and Dads Against Methamphetamine Inc. received a commendation letter from the District Attorney of St. Croix County, Wisconsin for work done by M.A.D.A.M.

**Residency # increased from 4 to 8 by City Planning Commission**—In October 2008, Butterfly House received permission from the planning commission to expand our resident count from 4 adults and 8 children to 8 adults. The conditional use permit that Butterfly House was required to operate under was left open ended, meaning that we do not have to be re-issued the permit yearly, we just need to update the city as needed. This was done with praise from the mayor and other members. This was considered to be a great accomplishment (and relief) by us.

**Successful Graduation of 3 residents**—our greatest accomplishment this year was the successful graduation of three residents. All 3 that have graduated successfully are living sober, working full time, interacting with their families, going to recovery meetings, sponsoring others, complying with probation (if applicable), and still stay in contact with Butterfly House staff and residents for support and

mentorship. The combined residency time of these three residents is 16 ½ months. At year's end, the combined time of in-house residents (4) ranged from 2 months to 6 months.

**10 returning former residents** (non-graduates)- 10 former residents that did not graduate from Butterfly House returned for support/mentorship, to give support to new residents, to attend our CMA meeting on Monday nights, or to attend outside meetings with current residents. Even though these residents did not stay for the full term of stay for a variety of reasons, just the fact that they are still attempting to work a recovery program is a success story for them as well as for us.