

The Ice Breaker

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Courage is being scared to death - but saddling up anyway.

John Wayne (1907 - 1979)

It is curious that physical courage should be so common in the world and moral courage so rare.

Mark Twain (1835 - 1910)

Crystal Meth Makes a “Comeback”

After flying under the radar for a time, crystal methamphetamine is back in the news and in our lives again. Not that we ever believed it was altogether gone, but we had seen numbers of meth busts drop, local users stop using, and people seemed to be getting smarter about it. We were hopeful.

The resurgence demonstrates what we're up against in this war on meth. The drug cartels will go to any lengths to continue their profitable enterprise, and addicted users will pay any price for it. Probably the most disturbing trend in this comeback is the location of meth labs and distribution centers: expensive homes in upscale suburban neighborhoods have replaced the proverbial “mom and pop” trailer park or rural meth labs of a few years ago.

Despite laws limiting the sale of meth precursor ingredients, such as pseudoephedrine, ingredients can be imported from the handful of countries, such as India and China, that manufacture it. The U.S. Congress has had opportunities to stop the importation of these ingredients, but the pharmaceutical lobby has fought legislation that curtails profits. Greed often wins out over common sense and ethics.

Greed also fuels the surge in superlabs that are creating meth in the United States. Large-scale dealers are unwilling to cut their profits by buying meth imported from Mexico or Canada when they can make it themselves right here. Far from being the small “mom and pop” meth lab, the superlabs are a highly organized network of “sub-labs.” These sub-labs can be very difficult for law enforcement to detect, because they often leave no clues for neighbors or others to find suspect.

Methamphetamine is created in three distinct stages, each of which can be performed in a different location: the extraction phase, where pseudoephedrine (in tablet form) is separated from the ingredients that bind it. After this

stage, the end product is a percentage of pseudoephedrine that can be manufactured into crystal meth.

The second stage in production is the synthesis phase, in which chemicals are added to create the reaction that produces meth. This is the most dangerous part of meth production, in which volatile, flammable ingredients are mixed and heated; and this is the point at which some meth labs expose their location by exploding.

One of the most common methods of synthesis is the hydriotic acid/red phosphorus method, which can produce pounds of high-quality meth.

In the iodine/red phosphorus method, the hydriotic acid required is produced by the combination of iodine and red phosphorus. This method is sometimes called “cold cook” because ingredients can be mixed and left in the sun to cook.

The iodine/hypophosphorous mixture is known as the “hypo” method and produces a lower-grade meth with a higher degree of danger because the hypophosphorous is highly reactive and can produce deadly phosphine gas.

The “Nazi method,” (so named because it was used by the Germans in World War II) uses anhydrous ammonia, and sodium, potassium, or lithium metal yields ounces of high quality meth.

A less-common (at least in the United States) method of meth production is found in South Asia and recently, Australia. Ephedrine is mixed with other chemicals and placed in a pressurized chamber to which hydrogen gas is applied. This method can produce a staggering 5 million 100 mg. doses of meth in a week.

The final stage of production can be done practically anywhere without detection: hotel room, condo, suburban home, apartment. This is where meth is washed with acetone to take out any tints from manufacturing (the whiter the product, the higher the quality, to buyers). It can then be mixed with other substances to increase the quantity (“stepped on” or “cut”), and packaged for sale.

The dealers can preserve the anonymity of the location by delivering the finished product to customers, rather than attracting the attention of neighbors by selling it from the house.

Despite the above evidence, it's likely that domestic meth labs are the least of our problems. Just as Chinese and South Asian countries have excelled in manufacturing goods quickly and inexpensively, they are becoming expert in making and exporting huge quantities of high-grade crystal meth.

The Chinese government owns operates ephedra farms where precursor ingredients are extracted from the ephedra grass (*ephedra sinica*) and sold to pharmaceutical firms and manufacturers of meth. Much of this ephedra is exported to meth labs in Mexico. Ephedra also grows wild in parts of China.

Proximity to the active ingredients makes it relatively easy and profitable to make and export meth from China and Southern Asia, as well as India. Asia and The Philippines, China and North Korea all furnish crystal meth and/or bulk precursors to the rest of the world. Each of the many labs in China is capable of producing 120 pounds of crystal meth per day!

Authorities in New Zealand and Australia are seizing

finished crystal methamphetamine in quantities weighing *tons*. The drug cartels and organized crime groups who make and export the drug are able to ship it from Chinese ports in large containers.

Unfortunately, North America is still the target market for much of the world's crystal methamphetamine. Just as the United States is the world's largest consumer of goods, it is also the largest consumer of illegal drugs.

Apparently, as a nation, we are addicted to more than oil.

Now that we know how huge the problem is, what can we do to fix it? The answer hasn't changed much in the five years that M.A.D.A.M. has been in the business of fighting meth: we need to eliminate the market for the drug.

We need to educate *everyone* about drug use in general, and crystal meth in particular. We need to convince the public that it's o.k. to feel bad sometimes and not take a drug or a drink to feel better. We need to convince our politicians that profit-driven legislation (or lack of legislation) is not in the best interest of our country.

We also need to break this huge problem down to one basic premise: helping one person to break free of meth will lead to many more.

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T.O.A.D. (Think Over And Discuss) Topics

Stinkin' thinkin'

Have you ever really thought about the dialog that goes on inside your mind as you go through your day? It's not a matter of "hearing voices", but of hearing one voice, *yours*, telling *you* what *you* think about the circumstances you encounter. Most of us are not even aware of it, but it can affect us profoundly in the choices we make and the way we respond.

Our dialog starts in early childhood, when we learn basic premises. A premise is a proposition or a belief from which conclusions or other beliefs are drawn. Thus, a person who is given positive premises in early experience is more likely to view the world and themselves in a positive way. If they feel that they are capable of doing most things fairly well, they will approach new tasks with the thought that they will learn how to do them well.

If they have been faced with criticism, teasing, and other negative feedback, they have been given the "toxic" premise that they are inadequate or a failure. A toxic premise can be as innocent as "I'm not very good at art" or as dangerous as "I'm no good." That early premise is the foundation of our inner dialog, and if it is faulty, nothing built upon it will sustain us.

Cognitive behavioral therapists identify ten types of thinking that can be considered "flawed", "faulty", or "irrational", and, therefore, unhealthy.

All or nothing thinking. You either win or you lose.

There is no "A for effort" or coming in second in this type of thinking. What might have been a great day for anyone else can be ruined in a nanosecond when another driver honks at this guy. If he doesn't get a promotion, he quits the company; what's the point in

trying?

Overgeneralization. One bad apple *does* spoil the whole bunch in this type of thinking. One negative experience is taken as "the story of my life, I can't seem to get a break."

Mental filter. A tendency to focus all attention on the one, tiny negative in a sea of positives. A job that is praised highly, but needs one little adjustment becomes a complete failure and waste of time.

Discounting the positives. No matter what terrific things the day brings, it does not outweigh the negatives or shortcomings. "Oh, anybody could have done that, I should have done it better."

Jumping to conclusions. There are no facts to support the negative perception, but it is still the first place this person goes. This behavior includes mind reading: "I know she doesn't like me." and fortune-telling: "I just know how badly this is going to turn out."

Magnification (the "binocular trick"). Everything negative is blown way out of proportion, and everything positive is shrunk to nothing (like looking through the wrong end of binoculars).

Emotional reasoning. Negative emotions are taken for the general reality: "I feel guilty, I must be an awful person." "There was an accident on that street, it must be a dangerous place."

"Should" statements. Also called the "mandatory mind set", this thinking sets out a list of "musts" that if not done, set the person up for a sense of guilt. "I should have done that better," "I must finish this now." "Shoulds" and "shouldn'ts" don't allow for "want tos" and "would like tos".

Labeling. This is another form of the "all or nothing" thinking in which the person tags himself with a negative label. "I missed the bus, I'm such a loser." It's a way of confusing *what you do* with *who you are*. This can also apply to labeling others, "that guy's a jerk."

Personalization and blame. All the woes of the world can be laid at this person's feet (at least, that's the way she perceives it). "My husband wouldn't hit me if I was a better cook." If everything is her fault, of course she's going to feel constantly guilty and unworthy.

Just imagine the fun of befriending the person with all of the above characteristics: she's obsessed with negative emotions, gloomy, and dissatisfied because "the world sucks." She's withdrawn and pessimistic because she feels constantly beset by all the awful things that happen to her. That victimization makes her feel like a failure, which makes her feel guilty, because she really should be doing better, but how can she do better when the world is against her and it's all her fault?

It's not surprising that any combination of the above thought processes can lead to addiction. Who wouldn't want to escape *that* inner dialog? The escape, however, is temporary, and leads to a whole new inner dialog set up by addiction.

The addiction dialog begins with "this feels better" when the drug or alcohol is first used. That sets up the faulty premise that it will always feel better and there will be no negative consequences, and even if there are, "feeling better" makes it seem reasonable to disregard them.

Addiction rewires the brain to allow all that negative thinking until it comes to the drug of choice, and then, it's all positive. All those negative thought processes reinforce the idea that the remedy is to keep doing the thing that "feels better," even though it's feeling less and less "better" as time goes by.

"Stinkin' thinkin'" keeps the addict addicted, puts the recovered addict in peril of relapse, and even non-addicts in a sour state of mind.

We can all recover from our "stinkin' thinkin', and wouldn't the world be a better place if we all did? Here's an experiment to try, to see what your inner dialog is telling you:

Journal it. The next time you hear your inner dialog telling you something from the list above, write it down, how it made you feel, and whether or not you can prove it. As you come to identify what negative thought processes are going on in your mind, you can also find ways to turn them around.

An Elder in a Native Tribe was talking to his grandson and said, "As human beings, we all have two wolves inside our souls that are in a fight to the death."

"Two wolves?" asked the grandson.

"Yes," replied the grandfather. "One wolf is resentful and petty and sees everything as being negative.

And the other wolf is grateful and giving and tries to see the positive in everything."

"And which one will win?" asked the boy.

"The one we feed," replied the grandfather.

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Renee N. shares her story and holiday wishes

Happy Holidays! My name is Renee and I am an alcoholic and an addict. This is the second article that I have written for The Icebreaker, the first being about 2 years ago. My sobriety date is September 17, 2007. I started my recovery journey at the Butterfly House where I stayed for 3 months. What an amazing gift to be able to meet so many wonderful people.

When I checked into the Butterfly House I was a very sick woman. Emotionally, spiritually, and physically bankrupt, I felt like I had nothing left to give. My soul was wounded; I know today that I had reached the point of surrender. Hitting bottom as they call it came with a huge price tag, I had lost my children, been in jail for 5 months, 2 divorces, jobs lost, bills unpaid, trips to detox, psych wards, hospitals and I really thought I was going insane. Anyone who suffers from this disease will understand this. In watching my demise, my family and friends felt their own pain. It is hard to love someone who is in the midst of active addiction. Some of them had to walk away, others I pushed away and a few stayed with me until I got sober.

Today, I fully understand the deadly progression of this disease. Having been in so many treatment centers, I learned a lot about addiction; there was a time when I thought knowledge could get me sober. I had found a level of comfort in the treatment setting, in many ways it helped me and stalled my drinking. I was not willing to take action and do the work once I left. This is a program of action, willingness and honesty.

The past two years have been amazing! The Big Book of Alcoholics Anonymous talks about the Promises. They have come true in my life and are continuing today. I have my 13 year old son, Blake, living with me, I have a great relationship with my daughter, Brooke (on a lighter note, she is 19 and, well, that's enough said). I work at a family

restaurant and I love it, I have missed only two days in two years. Waiting on people is so much more than taking orders; I meet many wonderful people and it feels like family. I am financially independent and pay all my own bills for the first time in my life. These are all very important parts of my recovery; being responsible on a daily basis was something new to me.

One of the greatest gifts I have is the ability to make choices. During my using days, there was only one choice and I found that in the bottle. In the past, I defined choices as either good or bad. If I choose to do something today that doesn't sit right with me, I have the ability to make amends, change it in the future and learn from it. The first thing I do every morning is spend time in prayer and meditation asking for help in keeping me sober. I am grateful for each and every thing that happens in my life, knowing it is all part of a greater plan. I used to be filled with fear, self-pity, blame and anger and now when I feel these old emotions I have tools to use so they don't get the best of me.

I am able to have meaningful friendships and I understand that friendships can be such a blessing and take work to maintain. I no longer feel inadequate or superior to people; I feel equal. In understanding that what I put forth in my relationships, I receive, I am able to experience a connectedness. I am not currently in a romantic relationship and no this is not a typo! There was a time when the mere thought of that had me shaking in my boots. I used to be defined by the men in my life and the fear of not having that overwhelmed me. I am just fine being a single woman.

On a lighter note I just purchased my first car, titled and licensed in my name. It's a 1996 Buick LeSabre and my kids call it my Phantom cruiser. It's insured and I have an occupational license. In the beginning of my recovery I walked, biked and asked for rides, the freedom of having a car again, I love it. These are simple things that my disease had taken away from me and I had to work my ___ off to regain them. Gratitude for everything I have in my life today is a very important part of my life. I take nothing for granted.

I am an active member of AA. I do speak at open meetings and when I am asked to. Sharing my story not only helps me, it's important for newcomers. I work the 12 Steps and sponsor women. I have a home group where I am in service. I attend recovery events and help plan them in my area. I need to stay involved and connected, this is a WE program.

The last thing I need to mention is my Spiritual Journey. I know I have been on this path my whole life, however my disease overshadowed that. I have my own concept of a Higher Power and it is very personal. I am in conscious contact as I go through my day. I ask for guidance, strength and understanding. I am Native American and I am finding a connection by getting back to my heritage, I have done a Sweat Lodge, found my spirit animal and look forward to seek guidance. I never take full credit for being sober; I am just doing the footwork. I have many people that I call guides throughout my day. I need to be aware of the messages being sent as well as the ones I send out. I am accountable for my actions. What a gift sobriety is! I feel truly blessed.

own. As responsible members of society, we all need to consider what "footprints" we leave on the environment. Saving energy is simply another lesson that our residents can use when they live on their own.

Alcoholics and addicts become accustomed to *using*: their drug of choice, other people, and "the system" (legal or social programs). That frame of mind has served them in addiction; in sober living, they need to see themselves as accountable for their actions—even those that affect the well-being of this little blue planet we live on.

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Signs of Drug Addiction Quiz

Whether you are wondering about your own use of alcohol, drugs, or other habitual behaviors or those of someone else, the quiz below may help you to identify a pattern of abuse and possible addiction.

1. Do you use any illegal drugs, including marijuana and non-prescribed doses of prescription drugs?
2. Do you regularly exceed the recommended dosage of over-the-counter medicines, such as pain-killers, cold medicines, laxatives, diet aids or sleep aids?
3. Have you ever gone to a different doctor to get more of a medicine than your doctor has prescribed?
4. Do you purchase drugs or medicine from or through unlicensed strangers?
5. Are some of your closest friends recreational drug abusers?
6. Have you failed to keep a promise to yourself or a loved one that you would quit?
7. If you only had enough money to buy either your drug of choice or toilet paper (or other necessity), would you choose to buy the drug instead of the necessary item?
8. Do you hide your drug use from friends, family, your employer or law enforcement?
9. Do you combine drugs with drinking for more of a "buzz"?
10. In the last year, have you done anything while using drugs that you regret doing?
11. Do you hide your drugs while carrying them in the car or on your person?
12. Have you missed work in the last year because of a drug hangover or withdrawal?

Signs Of Drug Addiction Quiz Score:

- A. A "yes" to any of the above questions may signal addiction. Ask a trusted sober friend or family member to help you monitor yourself for three months.
- B. A "yes" to 3 or more of the above means that addiction is very likely. Take the actions in "A" above and ask your trusted friend or family member to go with you to a counselor or 12-step group meeting and keep you accountable to following the advice you learned there.
- C. A "yes" to 7 or more of the above suggests that the addiction may require residential treatment. Take the actions in "A" and "B" above and ask the counselor or 12-step group for a list of recommended treatment facilities and for help getting situated.
- D. If you are taking this test to see if a loved one has a drug problem, understand they may be keeping things from you. So, answering "Yes" to 2 or more qualifies for B. and 4 or more qualifies for C. You can be the trusted friend for your addicted loved one, if he accepts your help and support.

Editor's Corner

I love the John Wayne quote this month! It brings so many things to mind: a kindergartner facing his first day of school, a mother caring for a disabled child, a soldier putting on his gear to go out on a mission; each of them demonstrates courage in "saddling up" and doing what they are asked to do.

Many people reading this will think "O.k., I agree with the soldier being courageous, but how much courage does it take to go to school or take care of your own kid?" I'd suggest they go back and read the quote again. "Being scared to death," is personalized to each of us, and we all show great courage when we face our greatest fears.

A fear we all share is that of the unknown. The kindergartner knows that other children go to school and seem to like it, but he doesn't know what it will be like for *him*. The mother faces an uncertain future for herself and her daughter. The soldier is sure of his mission, but can't be sure of the outcome.

So how much courage does it take to get sober? The drunk or addict *knows* that life will be better once he or she stops, right? This would make sense for a person who is capable of making the connection between *cause* (drinking) and *effect* (loss), but the addicted brain cannot make that connection. In the addict's brain, cause and effect is more like: *cause* (everyone and everything that makes me feel like drinking) and *effect* (drinking).

To get sober, the alcoholic or drug addict has to get around his negative thought processes to find the truth. It's bad enough when everyone around you is telling you that you are not good enough, but what do you do when the negative voice comes from inside? The advice in this month's T.O.A.D. Topic is to face it with the truth. But for an addict/alcoholic, the truth is a very scary thing, indeed.

Dr. Phil McGraw has said that "you can tell when an addict is lying, because his lips are moving." It's true, addiction is a disease of deception. The addict's thought processes are all skewed to keep him believing that he is fine as long as he continues to use his drug; it's the rest of the world that is sick.

So it takes incredible courage to face the unknown territory of sobriety, to speak truth to the lies that come from inside, to answer an internal dialog of negative thoughts with one of positive affirmations, and to know that the best you can do is to get through one day at a time.

"The only thing we have to fear is fear itself—nameless, unreasoning, unjustified terror which paralyzes needed efforts to convert retreat into advance."

—Franklin Delano Roosevelt

BUTTERFLY HOUSE COOKBOOK

Order a cookbook before they're all gone!

The recipes are getting glowing endorsements from buyers, and people love the inspiring and thought-provoking quotes given with each recipe. To order your copy for a \$10 donation plus postage, go to www.butterflyhousescf.org, or call 715-417-1216.

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One more thing before we go . . .

Always remember, you're unique . . . Just like everybody else!

We learn a lot about the mindsets of addiction from the people we meet, particularly residents of Butterfly House.

Lately, we've been dealing with the "I'm unique" thinking, in which one justifies breaking rules, shirking duties, and failing to do recovery assignments because "I'm not like everybody else here": "I wasn't forced here by my probation officer", "I checked myself in", "I'm different!"

It's actually one of the first thought processes that addiction initiates, a psychological isolation that fosters a sense of being elite or distinctive. It is another form of denial that must be proven false before recovery can begin.

Even those who believe they are in recovery can fall prey to "uniquing", because it doesn't seem like harmful thinking to them. They don't perceive it to be denial; they've admitted they have a problem and are taking steps to correct it. However, they are sure that their problem is not *nearly* as bad as the classic picture of a drunk lying in the gutter.

It is, unfortunately, a human trait to want to see oneself in the best light possible. We tend to compare our circumstances to others' and make ourselves feel better about our deficiencies by thinking "at least I'm not *that* bad." Taken to the extreme, wars have been fought over one group feeling that they are better or more deserving than another. It is not a healthy thought process for any of us, and we would do well to fight it with empathy for those in worse circumstances. Empathy is what draws people to become sponsors; they may see themselves in the newcomer, and they want to help as they were helped.

In a nutshell, successful recovery depends on the addict's ability to see the *similarities* between himself and the guy in the gutter.

