



The Ice Breaker

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“In the depth of winter, I finally learned that within me there lay an invincible summer.” –Albert Camus (1913 - 1960)

“One kind word can warm three winter months.” – Japanese proverb

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Words of wisdom for those who love an addict

Who would jump at the chance to fall in love with a person who is chemically dependent? Who would willingly raise their child to be a meth addict? Love and addiction come unbidden, and while the former is a natural and wonderful emotion, the latter can come as a nasty surprise.

We love the ones we love and that often means taking them for who and what they are in the moment. As we state so often to those who are chemically dependent, we can't change others, we can only change ourselves, and how we interact with others.

Here is advice for those who find that someone they love is an addict. Whether the substance is alcohol, heroin, or methamphetamine, the advice is the same. The roots of addiction are common, regardless of what grows on the branches.

Accept that you are not in control of other people's lives, chemical use, lies, actions, reactions, emotions, finances, or feelings. Realize that people make their own choices and need to experience the consequences from those choices in order to grow. If you do not accept this, your loved one will probably not accept it either.

Seek out other people who have been where you are now. Listen to their comments without getting defensive. Know that they are trying to help, not be critical.

Take a personal inventory of the way in which

you interact with the addicted loved one. Determine if you are in any way preventing their recovery. Determine if you are enabling them to continue using or if you are being a “safety net” for them.

Get on with your life the best you can. They may not ever get well. You must realize this and accept it. If you cannot get yourself to the point where this fact does not wreak havoc on you personally, then you must put distance between yourself and the user.

Understand the dynamic of the relationship between the addict and his addiction. It may seem that the person you love has gone away and left an evil imposter in his place. Addiction is a disease with no feelings, no conscience, no moral compass, and no sense of love. It does not allow your loved one to consider your feelings, the consequences of his actions, or anything that does not involve satisfying his need for the chemical. The addict does not act against you to be vindictive, cruel, or heartless, he is simply powerless against the addiction.

Realize that the person you love can eventually come back. It will take a lot of hard work, effort, and willingness to change, but he can break free of the addiction. You may have to do some soul-searching to decide if you can hang in with him while he goes through this process. Many spouses, children, parents, and friends have had to make the decision to break their ties with an addicted loved one. Sometimes, this break can induce the addict to seek help, other times, nothing will convince the addict of his disease. Those who love an addict must make the choice to save themselves when nothing else works.

Learn everything you can about addiction, your loved one's drug of preference, co-dependency and recovery. Armed with knowledge, you will be better prepared for the ups and downs of his life, and able to help him while taking care of your own needs.

Try to help others who are hurting in the same way that you are. This allows you to gain a better understanding of your relationship with the user—you will discover that others have similar problems with their loved one and know that you are not alone. In reaching out to help others and allowing them to help you, you will both become stronger and more able to cope.

DO NOT allow yourself to be manipulated by the addict. It is not your fault that he is an addict, that he is not

in control of his life, that she is broke and losing her children; their situation is the result of bad choices they made on their own. Only when *they* recognize this fact will they be on the way to recovery.

DO NOT “ride the rollercoaster” during her recovery. Understand that the first try at recovery may be the first of many. Keep a rein on your feelings and don't allow yourself to buy into her attempts to drag you into the craziness. Emotions such as anger, self-pity, and resentment may be right at the top, ready to surface at any time and become explosive. It will be up to you to keep your cool.

Learning to love ourselves can go a long way to healing addiction, whether we are the addict or the loved one hoping for their recovery.

Toad Topics

“Do or do not. There is no try.”
Yoda, *The Empire Strikes Back*

Taking Responsibility

In the course of a number of years of dealing with chemically dependent individuals, we've heard the following excuse frequently: “We're addicts. This is what we do.” It is used to explain and excuse all sorts of bad behavior, from lying to larceny.

Sometimes, we hear “well, what did you expect?” when we point out an instance of poor conduct. If we say “we expected better” we're countered with “but I'm an addict, how can you expect me to do better?”

Hmmm. Wouldn't that be what *recovery* is about? Aren't you trying to GET better, DO better, BE better? How can you do any of that if you won't take responsibility for yourself?

Admitting powerlessness can be a slippery slope for some people. They confuse the powerlessness over their addiction with powerlessness over their behavior. They can blame any old stupid thing they do on their addiction and get away with it because they “have a disease.”

It's a faulty line of thinking that won't serve them well if they truly desire recovery. Recovery is ALL ABOUT taking responsibility. The word *powerless* is only mentioned one time in the Twelve Steps; the rest of the steps involve *taking action*.

In Steps 4, 5, 8, and 9, the person in recovery is required to inventory herself, admit to her wrongdoings, make a list of those she has hurt, and make amends where she can. In other words, she TAKES RESPONSIBILITY for the things she did while using.

During the process of taking her personal inventory, she may find that the troubles and hurts in her past are a result of her own choices (or failure to make a choice). She may try to justify some decisions by blaming others for “cornering her,” or “giving her no choice,” but the fact remains, she is ultimately responsible for her lot in life.

We are each responsible for the way we move through life, how we interact with others, how we feel about ourselves, and what effect we have on the world. We can create a positive experience or suffer the

consequences of our own negative thoughts and behavior.

Failing to take responsibility may be a lifelong behavior that eventually comes to define you. Are you a people pleaser who is dependent on others for affirmation and approval? Do you feel angry and hostile because life has treated you unfairly? Are you afraid to make any move or decision? Are you using drugs or alcohol to escape? Are you unable to trust yourself or others? Are you ridden with guilt and feeling responsible for everything? Do you feel the need to rescue everyone else? All of the above can be indicators of an abdication of personal responsibility.

People can cultivate a responsible nature in themselves. If we learn to accept our own role in conflicts with others, understand that our choices are ours alone, rid ourselves of resentment, anger and insecurity, let go of our fears and accept help from others, we will take a giant step toward being a responsible and successful adult.

We can be hapless and helpless or hopeful and helpful. Why settle for less?

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We have a new girl at The Butterfly House, she's warm and furry with beautiful markings; she purrs when she is petted, and when she wants to be petted, and it turns out, she's quite a writer. So here is Miss Tiger Lilly's column, with help from her mom.

Butterfly Tales

By Miss Tiger Lily

I was soo busy taking a nap when The Woman of this house, the house they call The Butterfly House, asked me to meow out some thoughts about a day in the life of me, the Queen Cat here. There are so many places I could start! But I suppose I should start with my first day here. Or, how about my life before I got to move in here? Yeah, probably I should start there. You see, I lived at a home with an older sister kitty, Sunny, a little sister kitty, Bernice, and then this crabby old lady cat named Mumi who just moved in with us last summer. Life was alright before Mumi, but since *she came* our cute comfy home was not only crowded but for some reason Mumi thought I was a punching bag! I used to have to hide from that old lady cat, man am I glad to get away from that old coon!

So back then dad worked a lot and mom was gone a lot, too. But the four of us knew that mom was not working, we never knew where she was, but we know she was not working like dad did because she didn't ever have any schedule. Sunny tried telling me about ambulances, taxi cabs, strange folks, and places called detox, hospitals, and treatments – but how would she know anything about those types of things? Just because she gets to go outside? No, I didn't listen to little miss know-it-all Sunny and I'm glad for that 'cuz know I'm knowing the truth.

Anyway, another thing about back at our old house mom would be home without dad and get so happy because there are these brown stinking bottles she could drink out of that made her get super silly, mess things up around the house, and then fall asleep. And sleep for days, and you'd have to be a fool not to know how fun is that! Sad thing is, Dad yelled at me a lot when

mom was gone because he claimed I did some pretty bad things not knowing where mom is and all. Forget him, though, and that Mumi too because one of life's greatest life mysteries has been solved! I now know where mom was for during all those different days, weeks, and months when she was gone – she must have been staying here, at this mansion! No wonder she was gone so much because it's *GREAT* at this house. Wow, now I get to be here too and even *with* mom. Not only that, check it out – there are Four new moms for me here – yes, I said FOUR moms! How kewl is that?

By far the greatest thing about this mansion-home is my new moms, and all their cuddly beds. Then, there is the frog in the fish tank – he really is a meow- if you know what I mean. There is this little dad-type person here that they call David, I take careful notice of him because I am not too sure what his style is all about. Oh, how these things take time in the mind of a smart, lovable, beautiful 21 year old kitty such as myself! My birthday *IS* December 10th, 2005, which *IS* of course also that of the late, great Miss Emily Dickinson - in case you hadn't meowen. It is no wonder to me that I am so simply gorgeous and genius, having so much in common with Miss Emily and all! Well, the froggy is up to something right now, I just know it. Time to go keep an eye on him. When I'm aroused from my nap for the next letter i'll be telling you all about my first day here and about all my super-cute new mom's. And, hopefully by then I'll also have figured out the Woman of the House they call Doreen. She hasn't had much to say to me yet, but i'll be getting to know her style. Just wait, watch, and see. So sayonara for now, CATch you all later!

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Just the Facts on: **Oxycodone/ Oxycontin**

Physicians often find themselves between a rock and a hard place when it comes to alleviating pain in their patients. Morphine remains the gold standard in relief of severe pain, such as that experienced by late stage cancer patients, but it is not appropriate to prescribe it for all types of pain, because it is highly addictive.

Analgesics such as aspirin, acetaminophen, naproxen, and ibuprofen alone are often not strong enough to control pain from injuries or post-surgical pain. Thus, doctors have turned to Oxycodone as the middle ground in pain relief.

History

Oxycodone is synthesized from *thebaine*, an opiate alkaloid that is chemically similar to both morphine and codeine. Developed in Germany in 1916, it was marketed as Eucodal, Eukodal, and Dinarkon. The German pharmaceutical company Bayer had recently stopped mass producing heroin because it had been deemed too addictive and prone to abuse. Developers believed that a thebaine-derived drug would alleviate pain without becoming habit-forming. Oxycodone does not have the same immediate effect as heroin or morphine nor does it last as long, therefore they concluded it to be a safe alternative.

The drug was introduced in the United States in 1939, and is an active ingredient in the pain medications OxyContin,

Percocet, Endocet, Tylox, Roxicet, Percodan, Endodan, and Roxiprin. The above compounds also contain either acetaminophen or aspirin to enhance the effect.

Oxycodone can accumulate in patients with renal and hepatic impairment, as well as being metabolized by the cytochrome P450 enzyme system in the liver, which makes it vulnerable to drug interactions. Abuse of the compounds containing acetaminophen can quickly lead to liver damage, and patients are warned of the dangers of taking other products containing acetaminophen with their prescription medication.

Oxycontin, an extended release formulation of Oxycodone, was introduced by Purdue Pharma in 1996. The manufacturer has been taken to court numerous times over questions of patents and charges that they misbranded and misled physicians and the public by claiming OxyContin was less addictive, less likely to be abused, and had fewer withdrawal symptoms than other opiate drugs. Despite these legal problems, Oxycontin is one of the most-prescribed pain medications on the market, with over 6.5 million prescriptions in 2000.

Use and abuse

The Oxycodone/Oxycontin family of drugs can be administered orally, rectally, intranasally, or by injection. Most prescriptions are for oral dosing. OxyContin abusers may crush the tablets for snorting or injecting, which disrupts the time-release feature of the medication, giving them more of a high. Research done on adolescent mice exposed to OxyContin showed permanent changes in their brains' reward system.

The desired effects are relief of pain, mild euphoria, and a pleasant, fuzzy feeling. Less desirable side effects include: dry mouth, constipation, fatigue, dizziness, nausea, and anxiety. Less common side effects are reduced testosterone, enlarged prostate, and impotence. In high doses, or overdoses, OxyContin can cause shallow breathing, pupil constriction, clammy skin, respiratory arrest, circulatory collapse, and death. Combining OxyContin with depressants such as alcohol, sleeping pills, and other opiates is responsible for the majority of fatalities reported.

Addiction and Withdrawal

All opiates have the potential for abuse and dependence. They are serious medications for serious pain and must be taken exactly as prescribed.

Those who take the medications for chronic pain, such as a back injury, severe arthritis, or other conditions, are at a high risk for developing dependence. People who have been taking opiates such as Oxycodone for more than a few weeks can suffer withdrawal symptoms, particularly if they stop suddenly.

Withdrawal symptoms are similar to those suffered by morphine or heroin users: anxiety, nausea, muscle cramps, insomnia, fever, flu-like symptoms, and restlessness. In these cases, doctors advise patients to taper off their use gradually.

Regulation

Oxycodone is a schedule II narcotic, which can only be obtained with a prescription from a licensed physician. It is a criminal offense to attempt to obtain these drugs without a valid prescription, and possession of the drugs without prescription may result in conviction.

Many opiate abusers attempt to sidestep regulation by forging prescriptions, visiting emergency rooms with false ailments, doctor shopping (looking for doctors willing to prescribe to them), robbing pharmacies, and even stealing prescribed medication from those who have a valid prescription.

Oxycodone and OxyContin are currently the most abused prescription opiates available.

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