

# The Ice Breaker

## Moms and Dads Against Meth, Inc.

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**“There is no pleasure in having nothing to do; the fun is in having lots to do and not doing it.”**

**—Mary Wilson Little**

**“We should be taught not to wait for inspiration to start a thing. Action always generates inspiration. Inspiration seldom generates action.”**

**—Frank Tibolt**

## Welcome back, Readers!

*The quotes above relate to the reasons you haven't seen a copy of the Ice Breaker since early spring.*

*The Editor had a little case of burnout, which developed into spring fever, then slid into summer doldrums. Oh, those long, lovely days of sitting on the porch, reading a book and planning nothing farther ahead than the next meal!*

*Now that we have heard from a few readers that they miss the newsletter, we realize that it's time to get back to work.*

## Butterfly House cookbooks are now available

Summer has flown by at the Butterfly House! All the residents have had turns at gardening chores; weeding flower beds, mowing, and trimming. Some women enjoy them more than others, and we suspect that fall will be a relief for those who don't like to garden. Our resident two-year-old and his mother made a project of planting flowers in the spring, and their efforts really added to the beauty of the yard.

At the moment, we have four residents one of whom has her son with her. One resident recently achieved 14 months sobriety, and we're very proud of her success. Our newest resident is searching for work, and the others have all found jobs (a huge accomplishment in this economy!). Everyone in the house is required to perform community service, and they are finding there are any number of ways to help out in the St. Croix Falls area.

Some readers may remember that we were asking for

## Butterfly House Cookbook

Good Food and Wise Words



## Nourishment For the Body, Mind, & Spirit

recipes to be assembled into a cookbook for a fundraiser for the House. The cookbook is now printed and available for a \$10 donation.

From the recipe for Monarch butterflies inside the front cover, to the Native American legend in the back, the book makes good reading, with terrific, tried-and-true recipes, and lots of words to live by. The “*It Works If You Work It Dilly Bread*” is quite tasty, as are the “*Easy Does It Oatmeal Cookies*” and the “*Pain is Optional Pound Cake*”. . . one can see that the book is geared toward recovery, although the recipes and wise words will appeal to everyone. At present the *Butterfly House Cookbook: Good Food and Wise Words* is available for purchase by mail: Butterfly House, P.O. Box 172, St. Croix Falls, WI 54024. We are also hoping to have the cookbooks available at local retailers in the near future.

### *The Butterfly House Mission Statement*

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.

# **T.O.A.D.**

(Think Over And Discuss)

## **Topics**

“If you don't want to do something, one excuse is as good as another.”

### **Reasons or Excuses?**

It's a funny thing, when dealing with people who are chemically dependent, no one ever says “My *excuse* for \_\_\_\_\_ is \_\_\_\_\_.” No, there is always a REASON, and a GOOD one, for failing to comply with rules, not doing assignments, and not working a good program of sobriety. Circle the answer you think is correct in the questions below:

“I couldn't go to the NA meeting because I got a phone call at the last minute and it made me late, and I didn't want to disrupt the meeting by walking in late.” Reason or excuse?

“I drank because my friend was celebrating his birthday and I didn't want to offend him by turning down a beer.” Reason or excuse?

“I had a flat tire.” Reason or excuse?

The fact is, a REASON is defined as a truthful account of the facts in a situation. A reason is a respectful and thoughtful explanation. A person giving a *reason* for a particular action or occurrence is not motivated by fear or deceit. A reason leaves the discussion open to finding remedies without seeking someone to blame.

An excuse, on the other hand, can be all about blame, as in blaming other people and circumstances for the problem, to deflect blame and criticism from oneself. In giving an excuse, the person abdicates responsibility for the situation. An excuse is rooted in fear of failure, of punishment, or of loss of respect. (Ironically, excuses are easily seen through and actually can result in any of the above consequences.)

Making excuses can erode one's self-respect, and become a dangerous habit. For the chemically dependent, especially, the line between an excuse and a reason is a fine one. Learning the difference between the two and resolving to stick to reasons, not excuses, can have a huge impact on recovery.

When faced with a question requiring

explanation, we should ask ourselves a few questions before we speak.

What is my intent? Do I want to get out of “trouble” in my answer? Will I place blame on something or someone else to deflect attention from me and my behavior? Do I want to give an honest account?

Am I willing to accept the consequences, learn from the situation, and move to correct the problem?

Can I think of something I could have done differently to avoid the problem?

Remember, a “good excuse” is an oxymoron; there's no such animal. It would be better to try to live up to a standard in which no excuses are needed.

**An excuse is worse than a lie, for an excuse is a lie, guarded. –Alexander Pope**

**Don't make excuses, make good. –Elbert Hubbard**

**Hold yourself responsible for a higher standard than anybody else expects of you, never excuse yourself. –Henry Ward Beecher**

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## **Pharmaceutical remedies for opiate addiction**

Long ago, ancient Greeks discovered that chewing willow bark reduced fever and alleviated pain. Salicin is the natural chemical that produces the effect, and in later years, aspirin was developed from that discovery. Many, many other beneficial drugs have been discovered in similar fashion, from early plant-based remedies used by ancient healers. We humans are fond of treating our ailments aggressively, creating a hugely successful pharmaceutical industry, as well as a booming trade in illegal (or illegally obtained) substances.

Pharmaceutical research is a multi-billion dollar business, with laboratories studying everything from cancer drugs to obesity treatments, and drugs that are prescribed to lessen symptoms of withdrawal from drugs.

Probably the most well-known of these is Methadone. Although it is chemically different from heroin or morphine, it acts in much the same way on opioid receptors, producing many of the same effects. Methadone is also prescribed for chronic pain, since its cost is less than half the cost of similar pain medications (fentanyl, morphine, Vicodin). Methadone has a cross-tolerance with other opioids, which means that heroin or morphine users will have decreased response to Methadone because of their tolerance to the other opioids.

At low doses, Methadone can mitigate withdrawal symptoms (in opioid users trying to stop; at higher doses, methadone blocks the euphoric effect of other opioids, while keeping the patient from suffering withdrawal symptoms. Unfortunately, the withdrawal symptoms suffered from methadone are similar to those of other opioids, but the symptoms can persist for months, even after the patient has been weaned to the lowest possible dosage. Thus, many clinicians switch their patients to Buprenorphine after treatment with methadone to ease the withdrawal.

Buprenorphine, distributed as Suboxone or Subutex is used for the treatment of opioid addiction. Often prescribed to help opiate addicts detox, buprenorphine reduces the uncomfortable withdrawal symptoms such as diarrhea, vomiting, fever, chills, cold sweats, muscle and bone aches, agitation, restless limbs, insomnia, runny nose and eyes, nightmares, and hallucinations. In order for buprenorphine to be fully safe and effective, the patient must be in complete withdrawal from other opiates, including methadone. Detox with buprenorphine can last seven to ten days. It has also been found to be an effective tool in treating depression in patients who can't tolerate conventional antidepressants, although it is not yet approved for this use. Like other opioids, buprenorphine can cause drowsiness and respiratory depression, which makes it a dangerous drug to abuse or combine with other depressants, particularly benzodiazepines.

Medication alone, however, does little to treat the problem of addiction, which is a complicated disease of body, mind, and spirit. Patients who receive counseling, group therapy, and attend Narcotics Anonymous meetings, following a Twelve Step program of recovery, have the best chance of success.

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## DUAL DIAGNOSIS: A complicated recovery

A 1990 report published by the Journal of the American Medical Association (JAMA) found that thirty-seven percent of alcohol abusers and fifty-three percent of drug abusers also have at least one serious mental illness. Of all people diagnosed as mentally ill, 29 percent abuse either alcohol or drugs.

The common psychiatric problems found in dual diagnosis patients include depression, bipolar, generalized anxiety, panic, obsessive-compulsive disorders, phobias, and schizophrenia, borderline personality disorders.

The following table is based on a National Institute of Mental Health study, listing seven major psychiatric disorders and the increased risk of substance abuse.

Psychiatric Disorder	Increased Risk For Substance Abuse
Antisocial personality disorder	15.5%
Manic episode	14.5
Schizophrenia	10.1
Panic disorder	4.3
Major depressive episode	4.1
Obsessive-compulsive disorder	3.4
Phobias	2.4

Thus, one's likelihood of developing a drug or alcohol dependency is multiplied nearly 4 and a half times if one also suffers from a panic disorder, and 15 and a half times if one has an antisocial personality disorder.

The question of what presented itself first, the psychiatric disorder or the chemical dependency is often asked. The answer depends on the individual. In many cases, the disorder prompted the patient to self-medicate with alcohol or drugs to alleviate anxiety or sadness. If the self-medication is frequent, it can lead to dependency. In other cases, the alcohol or drug user has already developed a dependency and then shows signs of a personality disorder.

Diagnosing a psychiatric problem in a person who abuses alcohol or drugs is a complicated process. Since withdrawal from drugs and alcohol causes symptoms similar to mental health problems (ie. depression, hallucinations, paranoia), physicians generally wait until withdrawal is complete before attempting a diagnosis. The detoxing period can last from a few days to a few weeks, and can be made more comfortable with medication.

**There is a risk of persons with dual diagnosis abusing their prescribed medication, and Butterfly House has had to deal with the results of that**

**behavior. As a result, we are no longer able to accommodate clients who are taking certain medications.**

Ideally the dual-diagnosis patient will have access to treatment for both the chemical dependency and the mental illness. Counseling, participation in a Twelve Step recovery program, and lifestyle changes will be necessary for the substance abuse; treatment for the psychiatric problems will vary according to patient, but may include medication, group therapy, and individual counseling. Education about the disorder and support groups of others who share the problem are also helpful.

For family members of a person with a dual diagnosis, the news may come as both a relief ("I felt that something was wrong, I just didn't know what it was.") and a burden ("Now what do we do to help him?"). For the chemical dependency, families must learn about the disease of addiction and their roles (co-dependency, enabling) in it. Dealing with mental illness will also require them to educate themselves about the disorder, its remedies, and ways they can help.

Those who suspect that a friend or family member may have a problem with drugs or alcohol should encourage them to get help. Although the patient may not be receptive to a discussion of his mental state and chemical abuse, it certainly doesn't hurt to broach the subject and offer support.

For more information:

**National Clearinghouse on Alcohol and Drug Information**  
<http://findtreatment.samhsa.gov/facilitylocator.doc.gov>

**Dual Recovery Anonymous World Services Central Office**  
**P.O. Box 8107, Prairie Village, KS**  
**Toll-Free Number:(877) 883-2332**  
**Website URL: <http://draonline.org>**

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## Support for Butterfly House

Butterfly House depends on grants and donations in order to provide services. For those who would like to donate time and skill, food, household items, or make a tax-deductible donation, guidelines and contact information are listed below:

### Goods gratefully accepted:

- *New sleepwear, slippers, undergarments*
- *Furniture and baby items in good condition*
- *Household items in good condition: dishes, cookware, small appliances, silverware, bed linens, blankets, sheets, new pillows, alarm clocks*
- *Recovery books, videos, or meditation books (new or used)*
- *Gas cards, phone cards, and postage stamps*
- *Gardening and yard maintenance items, bicycles in good condition*
- *Toothbrushes, toothpaste, new hair care items, laundry soaps*
- *Sugar, coffee, flour, oatmeal, canned fruit and vegetables*

### Other contributions:

A tax deductible donation can be made to Moms and Dads Against Methamphetamine, Inc. that will go towards helping residents pay for prescription costs, medical bills, transportation costs and educational recovery and activity materials costs. Donations will also help cover operational costs such as heat, utilities, and emergency expenses for residents. In addition to helping Butterfly House residents, donations also cover the cost of printing and mailing the Ice Breaker and other educational

