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Over-the-counter drugs Some of us have found that we are particularly sensitive to some over-the-counter medicines, such as cough syrups that contain alcohol or codeine, antihistamines that cause drowsiness, and decongestants that have pseudoephedrine HCL (Sudafed). This is no coincidence. Over the-counter drugs provide meth labs with many of the components used in the production of speed. Diet pills, energy drinks, and supplements containing ephedrine or ephedra (Ma Huang) are especially dangerous for recovering meth addicts because they act just like speed in the body and also can be addictive. Become a label reader. Many products on the market contain mind-altering chemicals that can be harmful to an addict—we have the potential to abuse just about anything. We suggest talking to your doctor or pharmacist about whether a particular nonprescription medicine is right for you. Uninformed addicts are a danger to themselves. Finally, it is important also to be honest with your sponsor about which drugs you are taking, both prescription and nonprescription. Never be embarrassed— anything that threatens our peace of mind threatens our sobriety.

Clean and clear The moment we first realized that the feelings we were having were our own, and not chemically induced, was triumphant indeed. Once, we would do anything to get out of ourselves and away from our feelings. In the early days of sobriety, our focus was decidedly on staying clean. With time, as we relearned who we were without the assistance of drugs and alcohol, we began to relish being clear. Today, we can't imagine any feelings— good or bad— from which we would want to escape.



ALCOHOL AND OTHER DRUGS

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...And all other mind -altering

substances If you are like us, you came to Crystal Meth Anonymous because you had a problem with speed. You couldn't stop using, or wanting to use (you were powerless), and it was wrecking your health, finances, and relationships (your life had become unmanageable). Most of us didn't come to CMA because we were drunks. The hard truth most of us learned in early recovery—as our thoughts slowed and we cast a clear eye on the past—was this: our problem was addiction. Yes, crystal meth brought us down, usually hard and fast. With more reflection, however, we began to see that the *disease* of addiction, not crystal or any other particular substance, was our problem.

Relapse prevention First things first. Our main goal when we were first getting sober was to keep from using, no matter what, one day at a time. Whatever your history with alcohol and other mind-altering substances, believe us when we tell you that our relapses have almost always begun with a whiff of poppers, a puff of a joint, or a stop in a neighborhood bar. For some of us, it took time, but for most it happened fairly quickly: That innocent escape sent us to our dealers in search of the real thing. Abstaining from alcohol has sometimes proven especially tricky. Unlike crystal and other illegal drugs, alcohol is everywhere, including at family and other social functions. What's more, popular culture has reinforced the notion that an alcoholic and a drug addict are two different things. They are not. Alcohol is a drug. Period. It has taken us out of ourselves as surely as crystal or any other chemical concoction. Even though many of us have never felt that alcohol was part of our problem, we have recognized that it lowers inhibitions and impairs judgment. Just ask someone whose relapse began with a glass of wine at dinner. Besides, if we substitute a new drug for our "drug of choice," pretty soon we

will have a new drug problem. Some of us found that hitting bottom with crystal meth was so horrific we were able to keep away from it using sheer willpower and healthy fear. Yet because we didn't address the underlying disease of addiction that led us to speed in the first place, we slipped into dependency on a substitution, such as alcohol or cocaine, that seemed less scary at first. Did you decide to kick crystal so you could become a pothead? We didn't think so.

Our experience is clear Using another drug or drinking has invariably led us back to our drug of choice or into new addictions. If we wanted to really get our lives back, we had to stay sober, recommitting each day to a life of recovery.

The First Step Very few of us found crystal first. When we worked the First Step in CMA, our sponsors asked us to examine our entire history of drug and alcohol use and abuse. Like many of us, you may find that your using began with beer or pot in high school and that for many years you used "whatever everyone else was using." Many of us mixed crystal with coke, ketamine, or GHB; heightened our sexual performance on crystal with Viagra or poppers; and used pot, alcohol, or tranquilizers like Valium and Clonipin to come down after our binges. Our lives were a chemical mess, with speed at the center. Some of us compared crystal meth, our drug of choice, to the loves of our lives. How many married people do you know who didn't date before meeting that special someone? Think about it—having a "drug of choice" means we must have the underlying disease of addiction to begin with. The compulsion to use was always lurking. What did you do when you didn't have crystal? Did you often turn down cocaine or cocktails? Most of us did not.

Medically necessary drugs It is wise to inform each of your health care providers—from your dentist to your psychiatrist—that you are a recovering addict. They should keep this in mind before prescribing anything that could threaten your recovery. Our minds just don't know the difference between drugs used to give relief and drugs used to give pleasure.

Painkillers Sometimes the use of painkillers as been necessary when we were suffering physically. But we are addicts. We *love* drugs. That's why we try not to be "alone" with them. Painkillers may convince us that we need them more frequently than our doctors think. We make sure we have other recovering addicts to talk to, in addition to having informed prescribing physicians. Most important, we take this type of medication only when prescribed by a doctor—and we take them only as prescribed.

Prescription tranquilizers and antidepressants In early recovery, we were swamped with new feelings, many of them long buried. Many of us had to rely on our doctors' advice—making sure they understood we were in recovery—when it came to taking antidepressants or tranquilizers. Abruptly stopping some medications can be dangerous, even deadly, if not done under a physician's supervision. Many recovering addicts have dual diagnoses, other mental health problems besides addiction, for which we need to take drugs. A diabetic should not go without insulin nor should a manic depressive go without lithium or Depakote.

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