



Awareness Window

A newsletter for those in recovery and their families

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Please share your story or materials you find helpful in your walk of recovery.

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Points to Ponder: Step Five—Confession

Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.

We understand this to mean:

We admit to Christ, to ourselves, and to another human being the exact nature of our wrongs.

Romans 6:23: The wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord.

Let's confess it—sinners we are. We are far removed from the perfection of our heavenly Father. If the consequence of our imperfections is death in the burning fiery hell, how can we escape it and gain eternal life?

The answer is this: The gift of God is eternal life in Christ Jesus our Lord. The operative word is *gift*. We know what a gift is, right? We exchange gifts when celebrating Christmas. We expect gifts on our birthdays. Actually, a real gift is something unearned and undeserved, given out of love. A gift is not a wage or a trophy.

In recovering we have received the gift of sobriety. We might want to take the credit for the hard work we did, but honestly, isn't it really a gift? In sobriety does this mean we are no longer tempted to use? Quite the contrary. We admit each day is a challenge not to give in.

Yet we have more to look forward to. There is a gift greater than sobriety. The gift of God is eternal life. We did not work for it. We did not deserve it. God loved us with an everlasting love manifested in the redemption Christ Jesus earned for all, and therein is the gift of eternal life. God's gift is better than anything this world can offer. You are truly recovered in the gift of Jesus Christ and God's love for you.

*Prayer: Dear Father, Son, and Spirit, thank you that with all my heart I can say: In Christ alone, my hope is found; He is my light, my strength, my song. This cornerstone, this solid ground, firm through the fiercest drought and storm. What heights of love, what depths of peace, what fears are stilled when strivings cease! My comforter, my all in all—here in the love of Christ, I stand. Amen.**

**This devotion is taken from the new twelve-step devotion booklet Walking His Paths in Recovery 2, available from WLCFS-Christian Family Solutions and Northwestern Publishing House (www.nph.net).*

Have Things Changed in 30 Years?

The following introductory article was written about 30 years ago in a pamphlet entitled "ALCOHOLISM, The Family Disease" by Elaine Dunney Rooney. As you read it, ask yourself whether or not things have really changed in regard to drugs and alcohol. Can change really occur without Christ?

We live in a chemically dependent nation of pill poppers and drink sluggers. TV and radio constantly remind us of pills to sleep by, pills to compose us, pills to pep us up, and pills to bring us down. No one has to suffer pain, anxiety, boredom, or frustration. In the struggle for survival in an affluent society, all one has to do is reach for the nearest mood changer.

Since we all at times feel depressed, uncomfortable, lonely, or bored, we may indeed reach for a mood changer. While an instant cure may help some of us for a short period of time, many will rely more and more on this crutch and cross over the line to addiction. This is what happens to an alcoholic.

No one drinks to become an alcoholic, but the habitual use of alcohol can develop into a progressive psychological and physical dependency known as alcoholism.

Alcoholism's effect is not limited to the individual alcoholic. Rather, the alcoholism strains and, if not stopped, will destroy the bundle of human relationships—economic, social, psychological, and moral—that we know as family.

For centuries, society has treated the alcoholic with disdain and rejection. Families with alcoholic members have covered up rather than sought help. Recent years have seen encouraging signs of a change in social attitudes toward alcoholism, a change that promises to make recovery to useful life a real possibility rather than a painful, inaccessible desire.

How can we bring hope to the user and understanding to those who try to help—most especially the family? Direct them to the SAVIOR!



Autumn Splendor

Crisp, clear air
Brilliant blue sky,
Panorama of colors
Red, orange, gold, yellow,
Now I see!

In past years
Although they were there,
I didn't see or really feel
Through my drug fog
God's created splendor.

Now recovering
My senses do work,
So that I see the splendor
Around me everywhere.
I praise God!



This article by Jeff Richardson, CSAC, is the third in a series of articles addressing the issues of teenage drug use. Part 1 looked at teens and alcohol; Part 2 covered inhalants, marijuana, & designer drugs; Part 3 will look at stimulants; and Part 4 will deal with the effects of stimulants & other drugs, and dealing with teen drug use.

Teenage Drug Use

The next drugs considered all fall under **stimulants**. First, we will discuss **Ritalin**. As a prescribed drug, Ritalin is used for hyperactive children, ADHD, weight loss, help in studying for exams, and for some, if not prescribed, just to get high. Several drug experts claim that it may have severe effects, including nervousness, insomnia, anorexia, loss of appetite, pulse changes, heart problems, and weight loss. The manufacturer reports that it is a drug of dependency. Also, in June 2005, the US Food and Drug Administration issued a succession of public health warnings that Ritalin can cause visual hallucinations, suicidal thoughts, and psychotic behavior, along with hostility or aggressive behavior. The Drug Enforcement Administration has classified it as a Schedule II narcotic—which shares the same categorization as morphine, amphetamines, and cocaine. It is abused by teens for its stimulant effects. Some of the current street names for Ritalin are Diet Coke, Kiddie Cocaine, R-ball, Vitamin R, etc.

Amphetamines are also stimulants. An amphetamine is a powerful central nervous system (brain and spinal cord) stimulant, often called “speed” because it causes the body to “speed” up. It increases alertness and induces feelings of well-being. When it is used in heavier doses or long term, it can lead to extreme anxiety, malnutrition, paranoia, health problems, and even death. It also causes users to become physically and psychologically dependent on it. It can clearly be seen as a health hazard to any user.

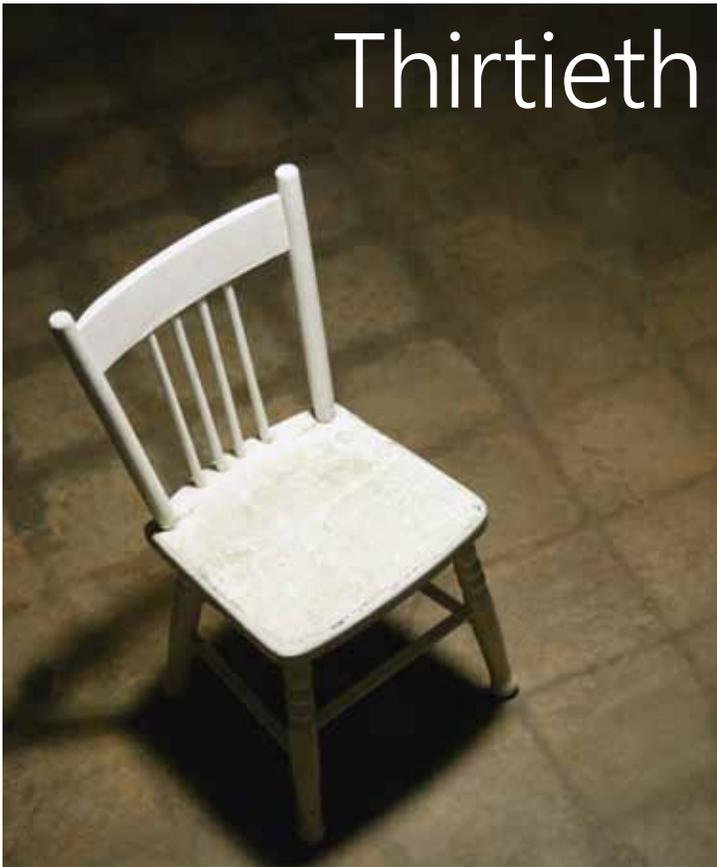
The opiate analgesics. Here are some individual drugs that fall under the opioid: opium, heroin, morphine, codeine, oxycodone (Percodan), meperidine (Demerol), hydrocodone (Vicodin), and others. Some of the common street names are Chinese molasses, dreams, gong, O, skee, toys, zero (opium); Big H, dreck, horse, mojo, smack, white lady, brown (heroin); speedballs (opiates and cocaine). Injecting opiates causes a rush of gratification chased by a dreamy, pleasant condition that numbs sensitivity to pain. Pinpoint pupils will also result. The overdose and other results: Opiate overdose can be lethal. This can happen the first time the drug is used. Breathing simply slows to a stop. Another effect of chronic opiate abuse is a largely increased tolerance. There is also some hazard that emergency anesthesia and analgesics for surgical or other procedures will not be effective in the presence of the addict’s high tolerance. There are also some serious and hazardous interactions with other drugs. Tolerance for these drugs is rapidly developed, and the powerful effects they have on the reward centers of the brain make them very addictive. Withdrawal syndrome is extremely uncomfortable and makes “kicking” difficult to even begin.

Some of the common effects the stimulant user experiences are a sense of energy, alertness, talkativeness, and a sense of well-being. Users who smoke or inject these substances feel intense euphoria, which increases heart rate, blood pressure, and expansion of the bronchioles. The appetite is diminished and the temperature of the body rises.

In the next issue: More effects of stimulants and other drugs; dealing with teen drug use



Thirtieth Retreat in 2014



Plans for the 30th A&DA Retreat are in the works. There will be changes that will need to be made. We have been notified that Monte Alverno Retreat Center has been taken over by a new sponsor. All 2014 retreats have been cancelled until the new sponsors decide how the center will be used.

The theme for our Retreat 2014 has been set—it is THE EMPTY CHAIR. We welcome recovery, but in the process we experience different kinds of loss. Adjusting to the emptiness then adjusting to and recovering from those losses in our lives and activities will be addressed.

Watch for more information in upcoming issues as to WHEN and WHERE the retreat will be held.

A&DA Meetings

	<i>When</i>	<i>Where</i>	<i>Contact</i>
Sunday	7:00 p.m.	St. Paul's Lutheran*	Onalaska, WI (608) 783-2552
Monday	6:30 p.m.	The Gardens of Hartford	Hartford, WI (262) 224-0483
	7:00 p.m.	Mt. Zion Lutheran**	Missoula, MT (406) 490-9345
	7:00 p.m.	Mt. Lebanon Lutheran	Milwaukee, WI (414) 461-1563
Tuesday	7:00 p.m.	St. Mark's Lutheran	Watertown, WI (920) 262-8500
	Call for times	Ascension Lutheran	Harrisburg, PA (717) 319-5424
Thursday	8:00 p.m.	Bethany Lutheran	Manitowoc, WI (920) 684-9620
Friday	5:30 p.m.	Salem Lutheran (East Side)	Milwaukee, WI (414) 964-7036
	7:00 p.m.	Mt. Olive Lutheran Church*	Appleton, WI (920) 233-0437
Saturday	8:00 p.m.	St. Peter's Lutheran	Fond du Lac, WI (920) 921-8075

*also have Al-Anon meetings—call for details

**please call if interested in attending

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A.A.'s Step Five: "Admitted to God, to ourselves, and to another human being the exact nature of our wrongs."

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