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A New PATH



Vol XXXXII January 2011

Postcard from the President by Caroline Stewart

Happy New Year Dear PATH friends!

As usual, the holiday season was a treat for me as I got to see many of you at our annual holiday party at Gretchen and David Bergman's beautiful home. I sincerely hope that I was able to give each of you the big hug that you well-deserve. We have a fabulous board for 2011 and want to welcome our newest board members: Beth Herman and Tulug Kenanoglu. Also, much thanks to Julia Negron as our new Board Chair of the LA Chapter of A New PATH....I hope that many of you were fortunate to attend our Co-Occurring Disorders 101 seminar at St Paul's Episcopal Cathedral on November 20th. If I do say so, myself, it was the best overview I have ever heard of the salient issues facing COD patients and their families. If the topic interests you, I have included a version of my own discussion about counter-transference issues inherent when therapists work with COD clients in this newsletter. Thanks again to our wonderful speakers and moderator: Dr. Ken Khoury, Dr. Suzanne Orgera, Gina Bongiorno, MFTI, Anita Fisher, Pharoah Fisher and Dr. David Bergman...2011 promises to be another pivotal year for A New PATH and for all clients and families struggling with addictive illness. Prop 19 sadly failed and our prisons remain grossly overcrowded with non-violent drug offenders. Moms United to End the War on Drugs continues its essential mission to stop mass incarceration of our children and to promote more humane treatment for all those suffering from addictive illness. We stand firm in our resolve to continue our important struggle to humanize the face of addiction.... My New Year's gift to you is a poem that I cherish which reminds all of us that our struggles are universal.

A Song of Peace: This is My Song

**This is my song, O God of all the nations.
A song of peace for lands afar and mine.
This is my home, the country where my heart is;
Here are my hopes, my dreams, my holy shrine;
But other hearts in other lands are beating
With hopes and dreams as true and high as mine.
My country's skies are bluer than the ocean,
And sunlight beams on clover-leaf and pine.
But other lands have sunlight too and clover,
And skies are everywhere as blue as mine.
Oh, hear my song, O God of all the nations,
A song of peace for their land and for mine.**

**This beautiful hymn was composed by Lloyd Stone.
It is sung to Sibelius' Finlandia
You can listen to it by Googling: This is my song;
oh God of all the nations.
Enjoy....
Your friend and Prez, Caroline**

Executive Director's Message by Gretchen Burns Bergman

Will You Still Need Me...

Welcome to 2011. Last year was filled with so many opportunities, painful experiences, struggles, accomplishments and new beginnings. (I say that understanding its redundancy as all beginnings are new; but some feel fresher and more hopeful than others.)

In December I turned 64, with the Beatles' lyrics imbedded in my brain, and somewhat dumbstruck by how fast the years fly by. My birthday was on a tremendously stormy and blustery day. It felt like the Gods were angry, and I was filled with a sense of danger, dread and despair, especially after I saw my younger son in the worst shape I'd ever experienced...truly in end-stage addictive illness.

Again, as a parent I re-assessed my position on that fine tightrope we walk between enabling and helping them to "stay alive for the cure". We were able to get him into detox with medical care after Christmas, so my panic was relieved. I was grateful to stop grappling with what seemed to be the imminent reality of losing my son, which was choking me with fear.

So, the New Year began with a glimmer of light. I took the emotional breather to remember how sunny & funny he was as a child, with a face filled with freckles and mischief. He had quirky talents like patiently catching flies with his bare hands, tying a cherry string into a knot with his tongue and performing a back flip from a standing position. Although he could get into his share of trouble, he amused and delighted me. I had no inkling of the destruction that lay ahead.

With detox, the thought that his true self could still re-emerge from the darkness was remotely possible. 10 days later, he had prematurely left yet another program...

I sometimes wonder if sharing my story is really beneficial to others. I believe that by identifying and even honoring the struggle, it helps others to process their pain. It lessens the stigma, somehow tames the terror and explains and reduces the nightmare. But, I often feel woefully inept when I lose my own balance and serenity. I sincerely hope that realizing that we aren't the only ones navigating this thorny journey is helpful.

Mothers across the nation and perhaps around the world are faced with the human dilemma of trying to accept the unacceptable. Besides dealing with the frustration and tragic sadness of addictive illness, of lives interrupted and futures eclipsed, we must also cope with an angry society that misunderstands the disease. We must

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PATH Welcomes Your Involvement!

PATH holds semi-annual educational speaker meetings and seminars. We invite you to attend and to get more involved in our many projects to reduce the stigma of the disease of addiction and to increase substance abuse treatment options.

Our Board of Directors meets monthly on the second Wednesday of each month at 6pm. Please let us know if you are interested in attending or if you would like to serve as a member of the Board of Directors or PATH Ambassadors: 619-670-1184 or anewpath@cox.net.

Resource Information:

A New PATH: 619-670-1184
AA Hotline: 619-265-8762
Alanon, Alateen: 619-296-2666
Naranon: 858-492-8720
NA Hotline: 619-584-1007
Central Public Defender: 619-338-4700
Juvenile Hall: 858-694-4500
Las Colinas Jail (women): 619-258-3176
Mental Health Assoc.: 619-543-0412
Probation: 619-515-8202
SD County Jail (men): 619-615-2808
SD Superior Court Central: 619-531-4420
Teen Drug Screen, Palmerado E.D., 858-694-8497
SD County Alcohol & Drug Service Info. & Referral:
619-692-5727

PARENT SURVIVAL KITS AVAILABLE IN ENGLISH WITH SPANISH TRANSLATIONS

Who do you turn to for help when a loved one has a substance abuse problem? Where do you go for information when your substance abusing family member gets arrested?

We have created a Parent Survival Kit, a brochure of information to help parents navigate the criminal justice system. It includes information on when to intervene, warning signs of relapse, court related phone numbers, and the judicial process. If you would like a copy, please send \$1 for mailing.

PATH is endorsed by

- ▷ San Diego Psychiatric Society
- ▷ Mental Health America in San Diego County
- ▷ NAMI San Diego
- ▷ Friends of SD Psychiatric Society
- ▷ Families to Amend California's Three-Strikes
- ▷ The San Diego District Attorney's Office
- ▷ Join Together/Demand Treatment
- ▷ Drug Policy Alliance Network

Alternative News Sources

www.facesandvoicesofrecovery.org

www.anewpathsite.org
www.jointogether.org
www.narconews.com
www.drcnet.org
www.reconsider.org
www.drugpolicy.org
www.sdchip.org
www.centerforce.org

A New PATH 2011 Committees

Please help us move forward with our goals by joining one of our committees:

- .. Executive (President, Vice President, Secretary, Treasurer)
- .. Finance and Fundraising
- .. Membership
- .. PR/Publicity
- .. Education & Recovery
- .. Legislative & Prison Reform

Contact the office at 619-670-1184 or e-mail anewpath@cox.net to join a committee.

SUPPORT A NEW PATH BY PURCHASING AD SPACE

A New PATH appreciates your support! We continue to expand and our newsletter now goes out to over 3600 people! Consider purchasing an ad for our July edition.

\$60 - business card \$125 - 1/4 page
\$250 - 1/2 page \$500 - full page

Our next printing deadline is **March 30, 2011**. Make checks payable to: A New PATH, 2527 Doubletree Road, Spring Valley, CA 91978. Phone/Fax: 619-670-1184, E-mail: anewpath@cox.net. Thanks for all of your support!

A New PATH newsletter is published quarterly by the Parents for Addiction Treatment and Healing non-profit organization.

Gretchen Burns Bergman, Managing Editor
Kathy Rezaei, Editor

A New PATH
2527 Doubletree Road
Spring Valley, CA 91978
Phone (619) 670-1184
E-mail gretanewpath@cox.net
Check our website at www.anewpathsite.org

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Help us to Celebrate Recovery by ordering your PATH to Recovery magnetic "R" ribbons and placing them on your cars and refrigerators, or anywhere visible to help to reduce the stigma and show the world that you support Recovery from addictive illness.

They are available through the PATH office for \$2 each or 3 for \$5.

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Executive Director's Message

stomach a system that offers up simplistic, judgmental and punitive answers to a complex and excruciating problem. We are forced to accept solutions that rob us of dignity.

This is why it is so urgent that we break down barriers of silence and band together to demand positive, life-affirming change, and to advocate for quality treatment based on science, compassion and humanitarian ideals. Our stories are important and must not be ignored or swept under the carpet in a swirl of shame.

It appears that there is still much work to do, no matter how old we are or how long our children have battled their demons. As mothers, wives, friends and advocates... We are still needed.

Now Receive Your Quarterly Newsletter Electronically

You can now opt-in to receive the A New PATH Newsletter via your email. This will save us the cost of printing and mailing you a printed copy. If you enjoying reading our Newsletter on paper with the smell of real ink DO NOTHING. Your copies will continue to be mailed to you as they have in the past. However, if you wish to receive the Newsletter electronically, simply send us an email [ANewPATH@cox.net]. Type "OPT-IN Newsletter" in the Subject Line. We will send you a confirmation email that you have chosen to receive all future Newsletters via a link in an email. You will then be able to read the Newsletter a week before the printed copies arrive in mailboxes. The current and all previous A New PATH Newsletter can be read on our website: <http://www.anewpathsite.org/newsletters1.html> Thank you!



In October 28, 2010 PATH's President Board of Director Caroline Stewart was one of the honoree's to receive a "Woman Who Mean Business Award" Presented by San Diego Business Journal. We are so proud of our very own leader. Congratulations Caroline!

Help A New PATH reduce Stigma and Celebrate Recovery!

In order to celebrate the "silver lining" of sobriety, and to show your support of loved ones in recovery, or your pride in your own recovery, we invite you to join us in wearing "PATH to RECOVERY" silver cause bracelets. Order them through the PATH office by emailing: anewpath@cox.net and we will mail them to you right away. Please purchase 3 for \$10, so that you can wear one and give the others to friends in recovery, or you can purchase one for \$5. Wear these bracelets so that others can appreciate the growing number of people taking pride in recovery!

A New PATH

Mexican official: 34,612 drug-war deaths in 4 yrs

Excerpt from The San Diego Union Tribune 1/13/2011
By Mark Stevenson, Associated Press

MEXICO CITY – A total of 34,612 people have died in drug-related killings in Mexico in the four years since Mexican President Felipe Calderon declared an offensive against drug cartels, officials said Wednesday.

The Killings reached their highest level in 2010, jumping by almost 60 percent to 15,273 deaths from 9,616 the previous year.

The rate of killings grew in the first half of 2010, but then stabilized and began to decline in the last quarter of the year, federal security spokesman Alejandro Poire said.

Calderon said Wednesday that 2010 "has been a year of extreme violence."

"We are aware that we are going through a very difficult time on security issues," he said at a meeting with anti-crime groups during which the government presented a new data system to track drug-related crimes.

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You can help support A New PATH when you shop !

Please register your Ralphs club card online at www.ralphs.com/ Using A New PATH and NPO # "90278" and every time you shop and swipe your card/ PATH will automatically earn a rebate.

You can also contribute to New PATH through Food 4 Less: www.food4less.net

Please call the PATH office if you need help in setting this up at: **619-670-1184.**

Thank you for your ongoing support !

Sixty is “NOT” the new forty

By Caroline Ridout Stewart – December 2010

Tomorrow is my birthday. I will be 63 years old and I am worn out. My feet hurt. I fear that I have Plantar Fasciitis but this ailment is so common that I find the whole thing rather plebian. Frankly, I am offended by the whole idea of something called an orthotic. I find that I am marching around as if I have a piece of gum stuck on the bottom of my shoe. I am having trouble managing my weight and am disappointed to announce that I am not longer as “sleek as a seal” (as per compliments from my brother about a recent period of slimming down). I am no longer totally embarrassed to be seen in Chico’s but what is it with those flowered jackets anyway? I spend way too much time each morning trying to cover up the dark spot on my cheek with pressed powder made from dirt or something like dirt (minerals?) I asked for a boogie board for our wedding anniversary this year but then have not taken it out of the wrapper because the ocean temperature was too cold. My friends suggested that I wear a wetsuit but the very thought caused me to envision myself in a sausage casing and then being dipped in icy water. The vision was not a pretty one. And, to add insult to injury with my multiple minor ailments, I find that I have to wear #3 glasses. My inability to see anything or anyone without my glasses has put me in some notably awkward situations. Why only last week I misdialled my I-phone only to accidentally call the father of a patient of mine. To complicate matters, this father’s voice is identical to that of his son and I innocently launched into a proposal intended for my patient but certainly of no business of his father. I came very close to outing my patient and winding up with ethical egg on my face and all because my body is failing me and because technology is my enemy.

Finally, I have to come right out and admit that my memory is not so hot anymore. Just last week, I entered the reception area of my dental office only to be greeted by a woman who looked vaguely familiar. I was mortified. This woman appeared to know me intimately and I could not, for the life of me, remember who she was. I wondered if she might be a patient from the distant past. Thank God I had the courage to state outright that I did not recall her name. She reminded me that we knew one another from a book club many years ago. Whew.... that was a close one. Finally, I have to admit that my active maternal drive is on the ebb. I still have a 19 year old at home and there are times when I absolutely refuse to come away from my news hour to listen to a hip hop piece that my son “totally” thinks that I will love. I hate Japanese anime and I can’t for the life of me understand why anyone would drink something that tastes like Loudon’s cough syrup as an energy pick-me-up.

This business of getting older is especially problematic when one has an adult child struggling with addictive illness. Our eldest son will soon be 30 years old and continues to require an inordinate amount of emotional and financial shoring-up. He and we take two steps forward and one back. This past summer, our son experienced a relapse and was taken away in handcuffs on the morning of our younger son’s graduation party because he had no-showed for a probation hearing. I actually had a very pleasant chat with the arresting officer who was, I think, shocked by my calm demeanor. In this case, old age has saved me because there is not much that floors me any longer. I watched our son being marched across the street to the officer’s patrol car as my invited guest-neighbors watched from their living room windows. It was just another day on the drug war front. I am not certain if we are making headway. I believe that he is currently sober and living with a sober partner. He is unemployed and has no health insurance. We have only recently finally arranged for him to live out from under our roof and I enjoy coming home to a house that no longer smells of stale cigarette smoke and dirty socks. If there is one thing that older age has brought me is diminishing tolerance for chaos.

Erik Erikson teaches us that the emotional “job” of people

my age is to work through the battle of “integrity versus despair.” My read on this argument is that all of us come to some point in our lives where we are at the apex between making peace with the impediments of our declining youth or instead are inclined to ruminate about missed opportunities or to rage about modernity. Who of us from the typewriter generation has not found ourselves totally befuddled by the demands of modern technology? I am reminded of the Woody Allen film: Take the Money and Run in which the main character tries to rob a bank with a sign saying, “Give me your money. I have a gub.” My chubby arthritic fingers have a terrible tendency to text nonsense to my loved ones both because I hit the wrong keys and I cannot see what I am writing. I am currently coming up against a new county computer system at the psychiatric clinic where I work and I have wondered if I have finally met my mental match. I actually have a male friend from the IT world who retired because he could not longer manage the distress of trying to cope with an illogical computer system. I find my own new computer system so daunting that my heart starts to pitty pat...pitty pat with anxious arousal. I realize that what I am doing is entertaining intrusive catastrophic fears that I am going to crash the system or worse yet that my computer ignorance is going to put someone’s precious life in jeopardy. I guess Erikson would say that at that moment despair is hold-ingcourt over integrity.

Elizabeth Edwards passed away from breast cancer only a few hours ago. She was 61 years of age and leaves behind small children. Recent photos of her reveal the impact of life’s cruel cannonballs across her bow. No forty she. She was one of us: the shopworn, the frazzled, the queens of Oil of Olay. One of the perks of aging is the growing awareness that none of us get out of this alive; that we are all subject to unexpected merciless assault. Poor Elizabeth held her own in times of tremendous challenge to her ego from her unfaithful husband and her failing health. Like her I have many miles before I can sleep. I have patients to engage, art to create, essays to write, Christmas trees to decorate, friends to embrace and a beloved family to support. And yes, it’s time to take the wrapping off of that boogie board.

US Supreme Court Hears California Prison Crowding Case- Advocates Urge California to Focus on Resolving Crisis, Including Ending Prison as Response to Drug Use- 10,000 in Prison for Drug Possession at Cost of \$500 Million a Year

Press Release Drug Policy Alliance 11/30/2010

WASHINGTON, DC – The United States Supreme Court heard oral arguments today in *Schwarzenegger v. Plata*, a landmark prison rights case in which a federal court found the unconstitutional conditions of California’s prisons were caused primarily by overcrowding and ordered California to reduce prison overcrowding from over 200% of design capacity down (by about 40,000 people) to 137.5% of capacity within two years. California has conceded that the state’s prison conditions are unconstitutional but has nonetheless asked the Supreme Court to put the states’ right to administer its prisons before the constitutional rights of individuals who are wards of the state.

“One of the primary reasons that the state’s prisons are dangerously overcrowded is that California continues to lock up thousands of people each year for low-level drug possession. There is no basis in evidence or principle to expose people to this dangerous environment simply for the possession of a small amount of illicit substances,” says Margaret Dooley-Sammuli, deputy state director for the Drug Policy Alliance in Southern California. “California must follow the lead of other states like Texas and New York and stop sending people to state prison for drug possession, which can be handled as a health issue safely, effectively and affordably in the community.”

Continued from page 4

“The state currently spends \$500 million a year to incarcerate 10,000 people for nothing more than personal drug possession,” Dooley-Sammuli continued. “That does not include the unknown number of parolees who have been returned to prison for a few months based on the results of a drug test. This is a terrible waste of scarce resources. Treatment in the community is effective and affordable. Unfortunately, California this year eliminated funding for community-based treatment for drug possession arrestees.”

“People who use drugs do not belong in the state’s cruel and costly prisons simply for that personal use. We urge California to take the logical step of ending incarceration as a response to drug possession, while expanding opportunities for drug treatment in the community,” continued Dooley-Sammuli.

momsunited

to end the war on drugs

Moms United: A Growing Movement for Change

In April of 2010 A New PATH began the Moms United To End the War on Drugs Campaign with a rally and vigil in San Diego. We joined with other organizations such as Drug Policy Alliance and Broken-No-More, and advocates across the state to bring focus to the devastation of drug prohibition, our country’s failed drug policies and the havoc they have wreaked on our families. We then held a rally in Los Angeles, participated in a Teach In with Families Act in Santa Barbara, and held another rally in San Diego. In October we gathered in Sacramento in front of the State Capitol, as both a culmination of the statewide campaign and the launching of a national mom’s movement – to stop the violence, mass incarceration and overdose deaths that are the result of our current punitive and discriminatory drug policies.

Last year we were actively involved in supporting the passage of Prop 19 in California, the Regulate, Control and Tax Cannabis Act of 2010, because the war on drugs has done more harm than good to our society. Although the initiative lost, I don’t feel that we were defeated in our efforts. It lost by such a small margin and real conversation was stimulated across the nation about the need to change our current failed drug policies, especially marijuana prohibition. We are a part of a growing coalition of parents, clergy, unions and even law enforcement who are committed to change our punitive and discriminatory drug laws and policies.

Our Moms United Facebook page now has over 800 members, and it is growing. In May we intend to launch a national Moms United Op Ed campaign for Mothers Day, followed by a press conference and activity around the 40th anniversary of the Declaration of the War on Drugs in June. In November PATH and Moms United will participate in the International Drug Policy Reform Conference in Los Angeles. As we grow, so does our influence. We hope to be a force for change of drug policies both in California and across the nation. Please join us on Facebook and at www.anewpathsite.org.

Gretchen Burns Bergman

EL RINCON DE CLAUDIO

SCHIZOPHRENIA VS EFECTOS DE LA AMPHETAMINA (CRISTAL)

Muchas veces en la practica clinica es dificil diferenciar una squizophrenia de el uso de cristal. Esto es debido a que los sintomas en ambos pueden ser literalmente los mismos , tales como paranoia, ansiedad, dificultad para concentrarse u otros problemas cognitivos, alucinaciones de todo tipo, mas frecuentes auditivas y de tacto, etc. Esto es cierto tanto en la intoxicacion aguda de el cristal como en el syndrome de abstinencia a corto y a largo plazo.

Entonces, como diferenciamos estos dos transtornos? Resulta en un reto clinico, a veces muy dificil de delucidar. Por ejemplo, generalmente en la schizofrenia los sintomas se iniciaron antes del uso del cristal y persisten aun cuando se deja de usar la droga. Sin embargo esto no es tan simple, el uso de alcohol y drogas puede precipitar una schizofrenia latente que se iba a presenter tarde o temprano, y tambien los efectos de el uso de cristal pueden repetirse aun meses despues de dejado su uso, los llamados “ flashbacks “.

De una forma u otra el tratamiento tambien presenta dificultades. Cuando entonces decidimos usar antpsicoticos, drogas que controlen las alucinaciones y la agitacion? En la schizofrenia esta comprobado que el tratamiento temprano va a prevenir hasta cierto grado las crisis mas severas y el establecimiento de la enfermedad en forma cronica y recidivante “cuanto antes, mejor”. Asi que ser “agresivo” en el tratamiento inicial de la schizofrenia es el standard de la practica clinica. En el uso de cristal en la mayoria de los casos la abstinencia por 6 meses resuelve el problema, si persisten los sintomas hay que tratarla apropiadamente. Mas complicado son los casos de diagnostico doble, schizofrenia y el uso de cristal. Aqui por supuesto el primer paso es aplicar terapia de motivacion para obtener la total abstinencia de la droga. El uso de cristal solo va a agravar los sintomas de la schizofrenia y tambien va a prevenir que los antpsicoticos actuen adecuadamente.

CLAUDIO CABREJOS MD MPH
Diplomate, American Board of Addiction Psychiatry.

December Annual PATH Meeting and Holiday Party



The PATH holiday annual meeting and party was held on December 15, 2010 at the home of Dr. David & Gretchen Bergman. The new slate of officers for 2011 were unanimously voted in. Our new board of directors for 2011 are: Caroline Stewart, John Wead, Anita Fisher, Chris Johnson, Jeff Jeffery, Lisa Overton, Rev. Dennis Malone, Carla Manson, Sharon Bair, Tulug Kenanoglu, Beth Herman and Julia Negron – L.A. Chapter.

Huffington Post
Marijuana Legalization: Not If, But When
Ethan Nadelmann - November 3, 2010

California's marijuana legalization initiative, Proposition 19, didn't win a majority of votes yesterday but it already represents an extraordinary victory for the broader movement to legalize marijuana.

What's most important is the way its mere presence on the ballot, combined with a well run campaign, has transformed public dialogue about marijuana and marijuana policy. The media coverage, not just in California but around the country and even internationally, has been exceptional, both in quantity and quality. More people knew about Prop 19 than any other measure on the ballot this year -- not just in California but nationwide.

The debate is shifting from whether marijuana should be legalized to how. Public opinion polls in California consistently reveal that a majority of the state's citizens favor legalizing marijuana. One "No on 19" campaign spokesman admitted that even his own supporters were divided between those who oppose legalizing marijuana and those who favor legalization but were wary of either Prop 19's specific provisions or the federal government's threats to block it from being implemented.

Prop 19 both elevated and legitimized public discourse about marijuana. It's the small but growing number of elected officials who endorsed Prop 19 or said they'd vote for it -- and the increasingly frequent private expressions of support by candidates and elected officials who said they wished they could be public about their position. It's the growing number of endorsements by labor unions, including SEIU California, and civil rights organizations, including the California chapter of the NAACP and the National Latino Officers Association.

The international attention, especially in Latin America, has been extensive. Mexican President Calderon and Colombian President Santos both criticized Proposition 19, pointing to it as evidence of inconsistency in US drug policy. But the possibility that Prop 19 might win did prompt both presidents to call for more open debate about legalization and other alternatives to current drug policy. Mexican diplomatic officials publicly castigated Prop 19 but privately said they hoped it would win. No one thought a victory for Prop 19 would instantly put the violent Mexican drug trafficking organizations out of business but everyone recognized that it would represent a major step forward toward ultimately legalizing marijuana on both sides of the border. And that most definitely would undermine the criminal organizations, who would lose their competitive advantage just as repealing national alcohol Prohibition eventually did away with the bootleggers.

"How great it would be for California to set this example," former Mexican President Vicente Fox said in a radio interview last week. "May God let it pass. The other U.S. states will have to follow step."

There's now solid and increasing evidence that marijuana legalization is an issue that young people care about a lot -- and that putting it on the ballot increases the chances that they'll actually vote. Both major parties have no choice but to pay attention, especially when the political allegiances of young voters are very much up for grabs. Democrats correctly see the marijuana issue as bringing out more votes for them than for Republicans. Asked what would bring out young, first-time Barack Obama voters again, the chairman of the California Democratic Party, John Burton, responded with one word: "Pot."

It's notable, though, that Meg Whitman, the Republican candidate for governor in California, did not actively campaign against Prop 19, most likely because she did not want

to alienate young voters who don't identify as Democrats but who do feel strongly about legalizing marijuana. Younger voters across the political spectrum increasingly lean libertarian, especially on issues like marijuana. Both Democrats and Republicans will need to re-think this issue when Gary Johnson, the former governor of New Mexico who has championed marijuana legalization and "harm reduction" drug policies for other drugs, runs in the Republican presidential primaries next year, as he seems sure to do. First-time and other young voters may gravitate in substantial numbers toward his message -- and all the more so if Ron Paul decides to hand off the baton to his younger ideological soul mate.

For those of us engaged in long term strategizing on marijuana law reform, the plan is the same as it would have been if Prop 19 had won: to put the issue to voters in states where public opinion polls show majority support for legalizing marijuana, and to introduce similar bills in state legislatures. Public support for legalizing marijuana now approaches or tops 50% not just in California but in a growing number of western states, including Washington, Oregon, Alaska, Colorado and Nevada -- so it's reasonable to expect ballot initiatives on the issue in those states in coming years. It's too soon to say whether the issue will be back on the ballot in California in 2012 but at the very least we know that a bill to regulate and tax marijuana will be considered by the state legislature, just as one was earlier this year. And a flurry of similar bills can be expected around the country as state legislators, emboldened by Proposition 19 and rapidly increasing support nationwide for marijuana legalization, kick start the conversation in their own legislatures.

Meanwhile, Prop 19 already can claim one hard victory: Governor Schwarzenegger recently signed into law a bill that will reduce the penalty for marijuana possession from a misdemeanor to a non-arrestable infraction, like a traffic ticket. That's no small matter in a state where arrests for marijuana possession totaled 61,000 last year -- roughly triple the number in 1990. It's widely assumed that the principal reason the governor signed the bill, which had been introduced by a liberal state senator, Mark Leno, was to undermine one of the key arguments in favor of Prop 19.

Demographics, economics and principle all favor the ultimate demise of marijuana prohibition. Over half of California voters under the age of fifty said they'd vote for Proposition 19, and likely did. The youngest voters are most in favor while the most elderly voters are the most opposed. Meanwhile, the economic arguments for legalizing marijuana -- including both the savings from reduced spending on law enforcement and the revenues from taxing legal marijuana, will only grow more persuasive. Marijuana isn't going to legalize itself, but momentum is building like never before among Americans across the political spectrum who think it's time to take marijuana out of the closet and out of the criminal justice system.

Ethan Nadelmann is the founder and executive director of the Drug Policy Alliance (www.drugpolicy.org)

Suggested Reading:

The New Jim Crow: Mass Incarceration in the Age of Colorblindness

by Michelle Alexander

Scar Tissue by Anthony Kiedis

Defelonize Simple Drug Possession to Save Lives – And \$450 Million Annually January 2011

Over 9,000 people are locked up in a California state prison for possession of a small amount of drugs for personal use.

The imprisonment and felonization of thousands of people for personal drug possession negatively affects all Californians. The state wastes over \$450 million taxpayer dollars each year by sending to state prison people who could be more effectively and more affordably handled at the local level – and reduces future tax revenue by limiting the employment prospects of thousands of Californians annually. Decades of studies and expert panels agree. By keeping people found in possession of a personal amount of drugs out of state prison, California could reduce overspending on state corrections while preserving public safety.

Beyond the fiscal impact, the incarceration in state prison of thousands of people for minor drug possession (including 9% of all women incarcerated in state prison) has horrific physical and psychological repercussions. These mothers, fathers, sons and daughters – many of whom are struggling with addiction disorders and others with mental illness – are crammed into dangerously overcrowded prisons, have little if any access to drug treatment and will leave prison with a permanent felony record.

Incarceration places a person who may be struggling with drugs and/or mental illness into a stressful, violent and humiliating environment, where drugs are often available (and sterile syringes almost never), where sexual violence is common (and condoms rare), where HIV, hepatitis C, tuberculosis and other communicable diseases are prevalent, where medical care is often substandard, and where drug treatment is largely nonexistent.

Post-release, the consequences of a felony conviction, particularly for a drug offense, are severe and life-long. People convicted of a felony may be prohibited from accessing student loans, Temporary Assistance for Needy Families (TANF) and other public assistance. No matter how old the conviction, they will face significantly diminished employment opportunities, reduced likelihood of receiving a small business loan and much lower lifetime earnings. Years and even decades later, they may suffer in child custody decisions and be deemed ineligible to adopt or to host a foster child.

While costly in terms of both dollars and lives, neither felonization nor incarceration in state prison is an effective deterrent to drug use. Studies have consistently shown that drug use rates fluctuate according to many variables, but that the severity of punishment has little impact. The hundreds of millions spent on this approach each year represent an irresponsible expenditure of scarce state resources.

No State Prison for Personal Possession
California voters overwhelmingly called for reducing incarceration as a response to drug use in 2000, when 61% of voters approved Proposition 36, the Substance Abuse and Crime Prevention Act. According to a 2004 poll by the Field Research Corporation, support for the approach had risen to 73%.

A New PATH

No State Prison for Personal Possession

California voters overwhelmingly called for reducing incarceration as a response to drug use in 2000, when 61% of voters approved Proposition 36, the Substance Abuse and Crime Prevention Act. According to a 2004 poll by the Field Research Corporation, support for the approach had risen to 73%.

By converting personal drug possession to a misdemeanor, the state would reflect the will of voters and would end the life-time stigmatization and marginalization of millions of Californians, allowing them to contribute through employment, taxes and other types of civic engagement. Moreover, the change would reduce government costs by hundreds of millions of dollars a year – and \$4.5 billion in ten years.

To learn more about this campaign, please contact Margaret Dooley-Sammuli at mdooley@drugpolicy.org or at 213-291-4190. Thank you.

re form

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We are the Drug Policy Alliance.

Controlled-Drug Prescriptions for Teens and Young Adults Double

December 7, 2010 Research Summary – JT Online

Twice as many young people are getting prescriptions for controlled substances than had been 15 years ago, Reuters reported Nov. 29. Investigators led by Robert J. Fortuna, MD, of the University of Rochester's Strong Children's Research Center in New York, assessed U.S. prescription trends for 15- to 29-year-olds based on 2007 survey data from more than 8,000 physicians, clinics, and emergency departments. They then compared results with similar data from 1994.

Analysis revealed that more than 11 percent of teenagers received prescriptions for controlled medications (including Oxycontin, Vicodin, Ritalin, and sedatives) in 2007, up from 6 percent in 1994. A similar trend was seen for young adults, where the prescription rate for such drugs rose from 8 to 16 percent over the same time period.

As noted by Fortuna, the rise does not necessarily mean the drugs are being diverted or abused. However, teenagers and college students are much more likely than adults to use prescription drugs recreationally and to pass them on to others. "Physicians need to have open discussions with patients about the risks and benefits of using controlled medications, including the potential for misuse and diversion," he said. "The nonmedical use of prescription drugs by adolescents and young adults has surpassed all illicit drugs except marijuana," concluded the authors. "This trend and its relationship to misuse of medications warrants further study." The article was published online Nov. 29 in the journal *Pediatrics*. It summarizes an external report or press release on research published in a scientific journal.

ER Visits Due to Prescription Drug Abuse Double in Five Years

January 10, 2011 – JT Online – Research Summary

Federal data shows that prescription drug abuse now sends twice as many people to the emergency room (ER) as it did five years ago -- outstripping illegal drugs for the third year in a row, the White House Office of National Drug Control Policy (ONDCP) reported in a Jan. 6 press release. The data come from the Drug Abuse Warning Network (DAWN), which provides estimates on emergency room visits linked to drug use and abuse. DAWN data from 2009 showed almost 4.6 million total visits to emergency rooms that were drug-related, of which 45.1 percent were linked to abuse and misuse of drugs, both legal and illegal.

Nearly a third (27.1 percent) of all visits -- or 1.2 million visits -- were due to prescription drug abuse, an increase of 98.4 percent from the 627,291 visits recorded in 2004. Illicit drug use accounted for 1.0 million visits to emergency rooms, and alcohol was implicated in 31.8 percent of all visits related to abuse or misuse of drugs. "Prescription drug abuse is our nation's fastest-growing drug problem, with shocking consequences measured by overdose deaths, emergency room visits, treatment admissions, and increases in youth drug use," said Gil Kerlikowske, director of ONDCP.

The majority (49.8 percent) of drug-related visits to emergency rooms, or 2.3 million visits, were caused by adverse reactions to legal drugs used as prescribed. The number of visits caused by adverse reactions increased 82.9 percent between 2005 and 2009, rising from about 1.2 million visits to nearly 2.3 million visits. Detailed data from DAWN can be found in "Highlights of the 2009 Drug Abuse Warning Network (DAWN) Findings on Drug-Related Emergency Department Visits," published online in *The Dawn Report* on Dec. 28, 2010 by the Center for Behavioral Health Statistics and Quality at the Substance Abuse and Mental Health Services Administration (SAMHSA). This article summarizes an external report or press release on research published in a scientific journal.

A New PATH

Gov Brown Backs Long-Sought Criminal Justice Realignment to Protect Public Safety and California Tax Dollars Advocates Commend Strategy to Reduce Victimization and Expensive Incarceration for Low-Level Offenses

Drug Policy Alliance Press Release – Jan. 2011

SACRAMENTO – In his proposed 2011-12 state budget released today, Governor Jerry Brown is urging structural changes to the state's corrections system that advocates say will reduce both crime and waste. The proposals include authorizing counties to handle people convicted of "non-violent, non-serious, non-sex offenses, and without any previous convictions for such offenses," according to budget documents.

"Governor Brown set an important tone today and made it clear that our expensive state prisons should be reserved for people convicted of serious offenses, not for everyone who's ever made a mistake," said Margaret Dooley-Sammuli, deputy state director for the Drug Policy Alliance in Southern California. "California is expected to save \$500 million a year by handling more petty offenses, including low-level drug possession, at the county level. We think the savings would be even greater if drug treatment were made more available in the community. Under the plan, counties would have that option."

In both 2009 and 2010, Sacramento announced over \$1 billion in unspecified cuts to corrections but the California Department of Corrections and Rehabilitation (CDCR) is expected to have exceeded its budget in both of those years. If the legislature accepts the governor's current proposal, CDCR spending in 2011-12 would be equivalent to that of 2010-11. Savings would come from keeping more people convicted of low-level offenses at the county level; additional costs would come from more realistic accounting of department costs, particularly in health care provision. Unfortunately, the plan released today includes further cuts to inmate education and drug treatment programs, which have been devastated in recent years.

"What Governor Brown presented today was a plan to work with counties to develop and implement long-fought-for systemic changes to corrections in this state," Dooley-Sammuli added. "We're eager to see this realignment come with resources so that local governments have what they need to implement sound public safety policies and programs. Investing in drug treatment makes good public safety and economic sense. We look forward to working with Sacramento to implement these reforms in a financially sustainable way." Inmates who have been drug-free since their arrest may be included. "Research shows if you're off opiates, the brain still causes cravings," said Jennifer Farrell of the state Office of Alcohol and Substance Abuse Services.

N.Y. to Prescribe Suboxone for Ex-Prisoners

November 2, 2010 - News Summary – JT Online

The state of New York plans to give some state prisoners the opiate-treatment drug Suboxone to help them stay off heroin upon release, the New York Daily News reported Oct. 24. Suboxone was created to treat opioid dependence, and is the first such drug that physicians can prescribe. It contains buprenorphine -- an opioid -- and naloxone, which blocks the opioid high. Used correctly, Suboxone can cut patients' drug cravings without getting them high. However, it can be addictive and is sold illegally on the street.

The state of New York created the "Medication Support Recovery Project" to help released inmates stay off heroin. Inmates who have been drug-free since their arrest may be included. "Research shows if you're inmates who have been drug-free since their arrest may be included. "Research shows if you're off opiates, the brain still causes cravings," said Jennifer Farrell of the state Office of Alcohol and Substance Abuse Services.

Continued from page 8

"Inmates who are opiate-dependent are more at risk of overdosing. When they're released, the brain is craving it, but they no longer have the tolerance for the amount they used to take." The Suboxone program will be piloted in one state prison to opiate-dependent inmates identified by a "controlled screening process," Farrell said. Treatment would start three months before they were scheduled to leave prison. Upon release, they would be given a renewable prescription.

Special Narcotics Prosecutor Bridget Brennan opposed the plan. "Hooking inmates on an addictive opiate drug as they're about to be released from prison sounds like a poorly thought-out policy," she said. "It's asking for trouble to put a drug that people want to buy into the hands of prisoners reentering society." An anonymous treatment counselor interviewed by the Daily News agreed with Brennan. He said released prisoners would risk re-arrest because "they will be selling some of their prescription." Illegal Suboxone sales grew from 59 in 2007 to 287 in 2009, according to the New York Police Department.

Portugal's Decriminalization of All Drugs

A new study published in November 2010 in the British Journal of Criminology shows that decriminalisation of all drugs in Portugal did not lead to increases in drug-related harms. The article, written by Dr Caitlin Hughes of the University of New South Wales and Professor Alex Stevens of the University of Kent, reports on the first independent, academic study to assess the effects of the Portuguese policy.

In July 2001, Portugal decriminalised the possession of up to ten days' supply of all types of illicit drugs. Instead of being arrested, people found in possession of these substances are referred to regional 'committees for the dissuasion of addiction'. These committees have the power to impose warnings or administrative sanctions, including fines, restrictions on driving permits and referral to treatment. However, in the majority of cases, they give a provisional suspension of proceedings – in effect, no punishment. Simultaneously, Portugal increased its investment in treatment and harm reduction services, for example methadone substitution treatment for people who are dependent on heroin.

Since 2001, the following trends have been observed:

- A modest increase in drug use reported by adults. This rise was no bigger than that reported in other southern European countries.
- A reduction in drug use reported by school pupils.
- A reduction in drug related deaths.
- A reduction in HIV and AIDS.
- An increase in the amount of drugs seized by the authorities.

Dr Hughes and Professor Stevens conclude, "contrary to predictions, the Portuguese decriminalization did not lead to major increases in drug use. Indeed, evidence indicates reductions in problematic use, drug-related harms and criminal justice overcrowding". They also write, "such effects can be observed when decriminalising all illicit drugs. This is important, as decriminalisation is commonly restricted to cannabis alone." Professor Stevens said "the evidence from Portugal suggests that we could end the criminalisation of users of all types of drugs – and not just marijuana – without increasing drug use and harms." He added, "it also shows the importance of continued investment in treatment services and harm reduction to reduce drug-related deaths and HIV."

"Co-occurring Disorders 101": A New PATH sponsors a seminar about the high co-morbidity between psychiatric illness and addictive illness.

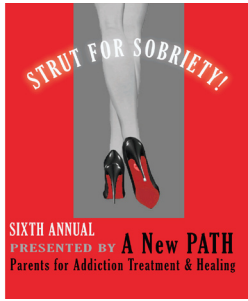
On Saturday November 20, 2010, A New PATH (Parents for Addiction Treatment & Healing) held an informative seminar and panel discussion on Co-Occurring Disorders in order to educate and engage both clinicians and community members in the essential salient issues pertaining to the high co-morbidity between severe psychiatric illness and addictive illness. A panel of experts, patients and family members gathered at St. Paul's Cathedral to talk about co-occurring disorders in a clinically informed manner. We had an excellent turnout of exhibitors and attendees, and meaningful discussion.

An estimated 5.2 million adults have co-occurring mental health and addiction disorders. Of adults using home-less services, 31% reported having a combination of these conditions. The panel that was moderated by Dr. David Bergman, M.D., Psychiatrist, included: Ken Khoury, MD, Psychiatrist-Addiction Specialist, Susan Orgera, Ph. D., UCSD COD Program, Gina Bongiorno, MFT Intern, UCSD Bridges To Recovery Program, Pharoh Degree, Consumer living with Co-occurring Disorder, Anita Fisher, Director of Education, NAMI San Diego, and Caroline Stewart, LCSW, UCSD Psychiatric Associates Provider. CEU's were sponsored by Sharp Mesa Vista Hospital and CAADAC Region One South.



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For more information on PATH: www.anewpathsite.org

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Counter-transference Influences on Patient-Therapist Relations in the Treatment of Persons Suffering from Co-Occurring Disorders

By Caroline Ridout Stewart, LCSW

The following article was presented at the PATH COD 101 Conference on November 20, 2010. It is the first in a series which will be published in the upcoming PATH newsletters. This first installment will discuss "contempt".

Part I: Understanding transference and counter-transference

What is counter-transference and why is it an important issue when considering the recovery success of COD clients? **Transference** is a Freudian concept which argues that old emotional patterns established with people in the past can replay in the present if one bumps up against someone whose manner or appearance resonates with the person from the past. I am reminded of an example from my own psychoanalysis some thirty years ago. My own mother was an overly modest woman who was notably ascetic. She never received gifts from me in a gracious manner. When my analyst refused to accept a bag of grapefruits from our home tree, I was devastated. It felt like a re-traumatization from my rejecting mother. Alas, the analyst was neutral yet I implied nefarious intent in his actions and was too injured and reactive to the perceived slight. I was unfairly transferring old negative feelings that belonged to my mother onto an innocent party.

Counter-transference is a similar process but not about how the patient views the therapist but more about the therapist's own neurotic response to the patient. I currently find myself not a little annoyed by a patient who I perceive to be argumentative. She rarely reflects back to me that my input has much validity for her. Were I to say that the past weekend had been notably warm, this particular patient might respond by pointing out that meteorologists have found 2010 to be an unusually cool year. In other words, she almost never mirrors anything I say. If I am being unduly candid, I recall being frustrated as a child by dialogue with my father who had to be right about everything. My frustration with this particular patient lies with my unresolved resentment of my father's failure to validate my precocious thinking.

Over the past twenty years as a therapist, I have to admit that every single member of my core natal family has sat on my couch. I currently have a woman that I see who reminds me greatly of my mother. She and my mother have the same Scandinavian fair features and the same smile. Both my patient and my mother have a high tolerance for aberrance and put up with unduly self-centered behavior from others. Alas, as the therapist I have to challenge my tendency to feel angry with my patient (counter-transference) for not standing up for herself and also for not standing up more for her children.

Freud argued that both transference and counter-transference occur primarily in the analytic setting when the psychoanalyst is a blank screen and introduces nothing of him or herself into the emotional mix. Thus, when anyone feels emotion in the neutral analytic room, it must be a neurotic response. As for me, trained as a social anthropologist, I would argue that every single social interaction has some component of transference and counter-transference. Even a seemingly innocent chat with the checker at Albertsons is an opportunity for mixing old business with the new. Thus, it does not require a pristine analytic room for one to dredge up old angry or blaming thoughts and feelings toward innocent parties who have in no way directly injured us.

Finally, it is essential that we all remember that the goal of all clinical work...including the treatment of persons with psychiatric and addictive illness is to relieve suffering. Clearly angry, critical or resentful thoughts experienced by the therapist for the patient undermines the therapeutic process. It is our mandate to maintain a vigilant stance of self-awareness and to monitor our negative feelings or risk the undoing of our patients.

I am writing today while wearing many hats. I am a practicing psychotherapist in the Department of Psychiatry at UCSD and work with many patients who suffer from co-occurring disorders. I am also the mother of a 29 y/o son who suffers from a co-occurring disorder. I also happened to grow up in a family with Scotch-Irish origins combining depression and alcoholism whose parents I am certain were the prototypes for the actors in the TV show, **Madmen**. I think that it was a virtual miracle that my parents escorted me to Disneyland as a child because "the happiest place on earth was alcohol free." And finally, if you read my essays in the PATH newsletter you will recall that I, too, have suffered from depression and anxiety and had a unhealthy penchant for sangria while a student in Montreal. Clearly, if Freud was even a little correct about the nature of counter-transference, I am a

sitting duck for this problem. The onus is upon me, therefore, to be particularly up-front and honest with myself about the truth of my own narrative (the good, the bad and the ugly) and to avoid injury to my clients through arrogance, lack of compassion, externalization of blame or unresolved emotional needs.

I am certain that there are more, but I have come up with nine counter-transference "red flags" that place the therapist at particular risk of injuring his or her patient suffering from addictive illness in combination with a psychiatric condition:

- A. CONTEMPT
- B. HIGH TOLERANCE FOR ABERRANCE
- C. VIEWING RELAPSE AS A MORAL FAILING
- D. DISAPPOINTMENT AS EXTORTION
- E. POOR BOUNDARIES
- F. DESPAIR: GIVING UP ON THE PATIENT
- G. UNREASONABLE SEEKING OF CONVENTION
- H. POOR SELF-CARE
- I. USE OF DRUGS OR ALCOHOL TO COPE WITH DISTRESS

Part II: Understanding the injurious role of contempt in the treatment of COD patients

I have John Gottman, Ph.D. to thank for raising my awareness about the insidious and toxic nature of contempt on all human relationships. Gottman talks about the toxic role of contempt in marital discord but in what human relationship of any kind is contempt not the "unkindest cut of all?" Sadly, it takes so very little to feel morally superior to persons suffering from co-occurring disorders. Imagine the ease of feeling superior to one whose illness thwarts good executive functioning in one who has never been late to a day at work. I believe that contempt seeps its ugly way into most relationships struggling with the daily assault of addictive illness because there remains an unfortunate high degree of confusion about whether addictive illness is a "choice" or "no-choice" illness.

I believe that more and more people accept that psychiatric illness has a biological and heritable origin. However, a majority of people, often including mental health providers continue to struggle with the belief that addictive illness is not a choice. For persons with COD, the lowest common denominator is the addictive illness. That defines the person. My own son, who is both severely learning disabled and who suffers from a debilitating personality disorder has been denied SSI over and over again because his addictive illness is perceived to be a choice. The addictive illness drives the entire course of treatment for my son. Even today, I still hear mental health providers say that the psychiatric treatment cannot begin until the person has been clean from drugs or alcohol for minimally several weeks. Two of the leading drug and alcohol researchers in the United States, Mark Shuckett, MD from UCSD and George Koob, Ph.D from The Scripps Research Institute have proven over and over again that addictive illness is a heritable problem and not a matter of choice. Yet even in the face of this tide of research, how common it is for us to struggle with that cruel worm of doubt that whispers to us, "the addict has brought this on himself; he had only to quit the self-defeating behavior to be saved." Such is the essence of contempt; it is a false and tragic belief that put into the same situation, that one would make a healthier choice both in defense of the individual and of society as a whole. Koob and Shuckett have shown that alcoholism (as one example) is tragically the "no-choice" illness.

Another common basis for contempt in the therapist or the parent lies in the reality that individuals high on drugs or alcohol often do antisocial things: it is easy to feel morally superior to them. Like one who suffers from congenital heart disease, the person with addictive illness is struggling with a heritable illness. But who has ever heard of a person with congestive heart failure stealing grandma's silver? The antisocial behavior fuels our contempt and allows us to feel superior to the addict. When my silver is missing, I forget that my son lives in the moment. He has impaired prefrontal cortex functioning and cannot always envision consequences. I have even hated him for his behavior. If a mother who adores her son can hate him for his perceived moral failing, imagine how vulnerable mental health providers are when confronted with a patient who starts using street drugs again or who uses drugs while at home with a child, or who loses a good job that the therapist helped the client obtain with much effort. At these times I think of something that has proven helpful to me:

No bug, no worm, no dog, no cat, no human being wakes up in the morning and asks himself, "how can I royally screw up my day?" Even one who steals is making some tragic effort towards self-preservation.

Mission Statement

To reduce the stigma associated with addictive illness through education and compassionate support and to advocate for therapeutic rather than punitive drug policies.

WHO WE ARE

A non-profit advocacy organization of parents, concerned citizens, individuals in recovery, healthcare professionals and community leaders working together to educate the public, media and decision makers about the true nature of addiction, and to expand access to treatment services. We advocate to end discriminatory drug policies that serve as roadblocks to recovery.

Our goal is to reduce prison recidivism, save lives, heal families, and move towards a healthier society.

Attention PATH Members ...

For immediate and up-to-date information, please send us your e-mail address and we can inform you electronically! Our e-mail address at PATH is anewpath@cox.net

History

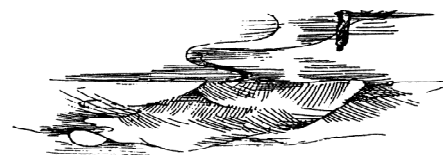
PATH grew out of a series of pre-Substance Abuse Summit meetings with parents, Superior Court Judges and Officers of the criminal justice system in the Spring of 1999. Founding members are Gretchen Burns Bergman, Sylvia Liwerant and Tom O'Donnell.

PATH WOULD LIKE TO THANK:

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San Diego County Supervisor Ron Roberts
Sempra Energy
Faces & Voices of Recovery
Robert Wood Johnson Foundation
Price Galinson Collaborative Fund
Matthew G. L. Perlatti Memorial Fund
For their generous grants and support!

Our Proposals for Therapeutic Justice

- 1) Long-term mandatory rehabilitation in a structured therapeutic community-based recovery environment for non-violent drug offenders.
- 2) If the nature of the crime does not allow for this alternative, sentencing should include immediate placement in a rehabilitation and recovery program within the prison system.
- 3) Upon release from prison or structured recovery homes, individuals with substance-related disorders should be mandated to transitional programs such as sober living environments, to prepare them to re enter society.



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