TITLE OF PRESENTATION:

ONCE THE BRAIN IS ADDICTED, IT'S ADDICTED - ESPECIALLY WHEN THE SPIRIT IS BROKEN.

BIBLIOGRAPHY

I am an alcoholic in recovery, without substance since September 17th, 2011. As I approach retirement from my 35 year career in law enforcement, I am shifting my focus to helping those around me who struggle with addictions and mental illness, both within the law enforcement community, as well as the general population. I have extensive experience in attending substance abuse meetings, and facilitating discussions – including motivational interviewing, individual and family counselling sessions, in-house recovery programs, after care and ongoing monitoring – to assist with timely and hopeful intervention.

WE alcoholics, have a motto – 'Jails, institutions or death'.

The Alcoholic/Addict is…
We have to feed the beast.
I couldn't get booze down my throat fast enough
If you knew me, then you would hate me too. Leo Petrilli.

http://www.bestmastersincounselling.com/drug-addiction/

$ 600 Billion - Annual costs related to substance abuse and addiction, including lost productivity, health and crime related costs.

$ 193 Billion – Illicit Drugs.

$ 428 Billion – Licit Drugs. [Legal, Taxed, Combined]

$ 193 Billion – Tobacco, $ 235 Billion – Alcohol.

www.worldmeters.info/world-population/WorldPopulation.

In demographics, the World Population is the total number of humans currently living. As of August, 2016 it was estimated at 7.4 Billion people.

www.homelessworldcup.org

The last time a global survey was attempted by the United Nations in 2005 – it was an estimated 100 million people were homeless worldwide.

http://www.communitymatters.govt.nz/vwluResources/WCMFReport07StephanieMcIntyre

Most people do not choose homelessness or addiction as a lifestyle. People get trapped in a cycle between the streets, jails, hospitals, and a place to seek shelter so maybe they can eat and sleep. Chronic homelessness is expensive to society

[So is an addiction – in more ways than one].

www.centeronaddiction.org.press-release

February 26, 2010. New CASA (Center for Addiction and Substance Abuse) report finds: 65% of all U.S. inmates meet the medical criteria for Substance Abuse Addiction. Only 11% receive any treatment.

www.midlandmentalhealthnetwork.co.nz/midland-newsletter/wet-house-stories

"Government alcohol and drug services offer short-term support. They get people from their knees to their feet then leave them – we help them to get walking. 1. New Zealand.

WETHOUSES – WELLINGTON NEW ZEALAND
"Their effectiveness results from creating a stable living environment and, in a non-coercive way, developing an individualized holistic plan that includes goals for controlling and reducing drinking. (This is a good idea). At Wellington there is no other option open to people in this category, as the accommodation alternatives all require sobriety as a condition of entry.

RECOMMENDATIONS FOR THE WELLINGTON WETHOUSE.
The entry criteria for men and women are a lengthy history of homelessness or serious risk of homelessness; coupled with long-term alcoholic dependency; and an inability or unwillingness to address their drinking.
The home provides a physically safe place to live for all residents, and to work in for all staff, and a culturally safe place for all, regardless of ethnicity.
The Home excludes from entry any person who has a history of convictions for serious violence offences and/or arson.
Entry is determined by a formally recognized interpectoral group made up of agencies who currently engage with the target population.

[RECOVERY AGENCIES MUST BE INCLUDED ALSO]!

A harm reduction approach to alcohol consumption is employed. A key worker model is developed that could include collaboration with external agencies to provide some sort of support. Holistic plans are developed with each resident that move at the individual's pace. The project is interpreted into, and supported by, specialized services. Residents are empowered to participate in decision making and determining the day-to-day running of the Home.

Meals are provided on-site, but a liaison with, for example, the Soup Kitchen is explored. Developmental and recreational activities are incorporated as an integral part of the life of the Home. Prior to opening, and in conjunction with the service provider and with consumer input, the specific policies and procedures are determined in detail, for example, alcohol management and visitor management.

Learning Objectives:

1. To illustrate that the clients who live at a WETHOUSE, are indeed likely to be at least a middle stage alcoholic, possibly/probably late stage – and abstinence is necessary for recovery: and that these clients need help in getting there. ***WE*** alcoholics, have a motto – 'Jails, institutions or death'.

2. To begin developing a comprehensive strategy to recognize and address that a WETHOUSE should not just be discussed in terms of ***tax dollars and a cheaper alternative***, but rather a place to help with the healing process.

3. To develop an attainable and sustainable linkages between community organizations, addiction/recovery and mental illness professionals.

United Nations Standard Minimum Rules for the Treatment of Prisoners;
(The Nelson Mandela Rules which were selected to help with this discussion)

Rule 30. *A physician or other qualified health care professionals, whether or not they are required to report the physician,* shall see, talk with and examine every prisoner as soon as

possible *following his or her admission and thereafter as necessary. Particular attention shall be paid to:*
(c) Identifying any signs of psychological or other stress brought on by the fact of imprisonment, including, but not limited to, the risk of suicide or self-harm and withdrawal symptoms from the use of drugs, medications or alcohol; and undertaking all appropriate individualized means or treatment.

Rule 75.

> *(1) All prison staff shall possess an adequate standard of education and shall be given the ability and means to carry out their duties in a professional manner*
> *(2) Before entering on duty, all prison staff shall be provided with training tailored to their general and specific duties, which shall be reflective of contemporary evidence-based best practices in penal sciences. Only those candidates who successfully pass the theoretical and practical tests at the end of such training shall be allowed to enter the prison service.*

Rule 76.

> *(1) Training referred to in paragraph 2 of rule 75 shall include, at a minimum, training on;*
> *(d) First aid, the psychosocial needs of prisoners and the corresponding dynamics in Prison settings, as well as social care and assistance, including early detection of mental health issues.*

DISCUSSIONS/CONCERNS

ARE WETHOUSES REALLY HELPING?

HOMELESS SHELTERS, MEAN THREE HOTS AND A COT, and maybe some rules to follow, some medical services too.

WETHOUSES ARE A SAFE PLACE TO SLEEP AND DRINK ALCOHOL. AND THOUGH THE BOOZE IS LIMITED, IT IS FREE.

WILLIAM C. MOYER is a Director at HAZELDON ADDICTION TREATMENT CENTER IN ST. PAUL MINNESOTA. “The idea of giving chronic alcoholics access to their booze of choice is unacceptable.”

[THIS AUTHOR IS VERY MUCH IN AGREEMENT WITH THIS STATEMENT.]

In many wethouses, the addict does not have to receive any counselling. So I wonder, given these parameters, if in fact the residents/clients [they are ALCOHOLICS, maybe ADDICTS too]. Without a recovery agenda, the WETHOUSES ARE IN FACT CORRALLING THE DISEASED – a FENCED, PENNED AREA FOR THE ADDICTED. AS ALCOHOLISM ISN’T TRANSFERRED BY INFECTION, THE ALCOHOLICS, IN A SENSE [DRINK ALCOHOL, OR TAKE DRUGS, OR BOTH]. ARE ALLOWED TO GRAZE, and then return to their environments on the outside, and back to their disease, so they get to feed the beast.

Turnover ratio is likely dictated with the severity of alcoholism, by deaths, health needs, hospital or nursing homes – and not by RECOVERY.
WHAT IF THE ALCOHOLIC INTAKE WAS REGIMENTED, MONITORED AND STRUCTURED? CONCURRENTLY WITH THE PSYCHOLOGICAL HEALING NECESSARY FOR HEALING AND NOT PROLONG THE DISEASE?

WHAT ABOUT ADHERING TO CURFEWS AND RULES THAT FOSTER PSYCHOLOGICAL THERAPY – and a safe place to be vulnerable?
The question is not only one of dollars and cents, but more of common sense.

QUESTION.

Does an alcoholic/addict have to “hit bottom” in order for the hope of recovery to begin? I did. Punishment isn’t a good way to fight an addiction, but then neither is enabling and contributing to it either.

WE [addicts/alcoholics] know that a steady supply of our substances(s) can't solve all of our problems – because WE build up tolerances – WE need more to get to where WE need to get. The substance itself is only 5% of the problem, the other 95% if from OUR broken spirit and heart. HELPLESSNESS and

HOPELESSNESS, fueled by inner hatred were the momentum behind MY disease.

WHERE homeless alcoholics can go despite not being sober, allows ADDICTION to nurture itself and thrive.

A wethouse is FRAMED WITH THE IDEA OF HARM REDUCTION (lessening the effects of the disease on society, sometime trying to help the client – similar to a NEEDLE EXCHANGE PROGRAMS FOR INTERVENOUS DRUG USERS)

But what would happen if the process tried to eliminate ADDICTION rather than manage it?

Alcoholics/Addicts will likely trigger each other, by introducing negative behaviour(s). Alcoholism is a relentless enemy, and a horrible addiction to try and recover from – even if one has distinct advantages. Family, friends, employment, a support network – these all make a recovery possible – but there is much work yet to do!

HELPLESSNESS, HOPELESSNESS, HOMELESSNESS – they can all be caused by ADDICTION.

Housing can provide a foundation where a person can start to rebuild and reclaim their lives.

Recovery does not begin in a DETOX facility. When someone is drinking, drunk or hungover – they are not in a place to benefit – they are in active addiction – that's why we must detox from the substance first; in order to get to a place where WE might be substance free enough that WE can listen to the help that is being offered.

ABSTINENCE is another tool use, just as housing is. The more tools that one has in their tool belt, the better the chances of finishing a project.
Even though Housing might mean stability, tolerance of substance usage is encouraging an

ADDICTION. If usage gets tempered, perhaps there will be a positive outcome.

What about the LGBT community? Suicide? Addiction?

Mental and behavioural health professionals are essential to wellbeing. Treatment centers should be tailored to those very real needs as well! Generic recovery approaches that ignore specific realities will likely empower the ADDICTION even further.

Secrets keep US sick, and silence keeps secrets.

Talking and listening helps. There are several stages of an addictionle and late stage, each having their own identity and characteristics.

AT THE START OF ADDICTION – the person uses drugs or alcohol daily. Not enough that they always are blacking out, passing out, or overdosing - but they are building up a tolerance.

OVER TIME – the person has a definite tolerance, and lies and planning are directed by the substance – it doesn't matter what type the substance is

WE need it more and more, passing out and blacking out become more frequent – even weekly.

LATE stage ADDICITION – someone who drinks a large volume of alcohol, or amount of drugs **[or both]** uncontrollably to the point of passing or blacking out every chance that they can – weekly, daily, sometimes several times a day. Maybe they have been through treatment and recovery attempts or programs. Maybe there are some DUIs, job losses, divorces – at this stage there is little hope for success on their own. Those of US who are in late stage cannot find recovery on our own. Some of US panhandle, or sleep on the street.

We cannot and will not function without a substance; by this time using/drinking has become instinctual – it has become necessary for MY survival.

What about the LGBT community, with added pressures and uncertainties?

Mental illness?

Addiction?

Poverty?

Suicide?

In addiction recovery,

Leo Petrilli