

Dealing With Addiction -- why the 20th century was wrong

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WHY THE 20TH CENTURY WAS WRONG WHY THE 20TH CENTURY WAS WRONG Peter Ferentzy PhD Crackhead Copyright 2011 Peter Ferentzy PhD Crackhead ISBN 978-1-105-00410-0 Cover photo by: Noel Chris Miller

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Why I wrote this book My name is Peter. I work in the addiction field, and I'm also a recovering crack addict. Yeah, alcoholic too, but it was crack that took me down. For real: I liked being an alcoholic, but a crack addiction on top of that made things hard to juggle. A few drinks would lead to a three-day run. On this point I'm not alone: crack really screwed up my alcoholism. A shame really, but there's no going back. Unlike most recovering druggies in the addiction business, I don't work in treatment or any kind of counseling. I'm a research scientist, a Ph.D. Just go to my website and you'll see much of what I've been up to (<http://www.peterferentzy.com>). Unlike most of the recovering people on the frontlines, addicts in the drug scene, or those in the 12 Step world, I actually understand what's going on. That's not a joke, and it's not a boast—"just the truth." Throughout this book, I attempt to convey just that. I do my best to keep it free of specialized jargon or intricate logical points. But I'm not here to talk down to my readers: titles of scientific and other books and articles are offered to anyone wanting to pursue these matters further. This is not the type of manuscript where points made are accompanied by references, and then backed by numerous points and counterpoints. That kind of scholarly detail and precision would entail that each chapter be almost a book on its own. I want to keep this book brief and accessible—and I strongly urge my readers to make use of the sources provided at the end. Knowledge is power. So read, learn, educate yourself! Why did I write this book? I'm sick of seeing people suffer needlessly, and die needlessly. The assumptions upon which the North American approach to addiction has been based since the early 20th century are mistaken, nasty, and stupid—when it comes right down to it, they amount to genocide. But I've known this for almost 20 years, so why am I writing this book now? As I write these words, it is

November 16, 2010. Last December, a woman I knew—just a friend—OD'd in my home. She had sworn to me that she was clean, and I told her that she had better not bring any pipes or needles into my apartment. "I won't check your purse," I said, "and I won't hit a chick—but if I give you a noogie, you'll wish I was hitting you!" Ha, ha. She was over for the weekend to connect with her eight-year-old boy who lived in town with his dad. That Saturday we saw the kid, went to a community center, played, and had fun. Then we dropped off the boy, had dinner with my mom, and went back to my place. Everything seemed cool, but I woke up at midnight to find her body in the washroom, naked and cold. You see, she had been in pain and was taking meds legitimately for that. She was supposed to take them orally. But she was always more likely to shoot up when not on methadone. She'd smash now and then anyway, but it would become daily—and far less controlled—when she wasn't on the methadone. People, including preachy dogooders in the treatment system, had convinced her that methadone maintenance was still "using," that a reduction in frequency and intensity of injections is not a "real" answer. No matter how painful, they said, it's best to do it absolutely clean—all or nothing. She bought it and really tried. Can I ever prove that her death would not have occurred had she been on the methadone? Of course not. But we were very close. I used to get high with her, and I understood her patterns as well as anyone. There's no doubt in my mind. At the funeral, I barely had the pluck to look her kid in the eye. What's there to say? I remember thinking: this woman was never a menace to society, just a pain in the ass—little monkey would bump into a telephone pole, then blame the city for putting it there. Yet she was treated like someone who should be made to suffer—and suffer horribly—because somehow that would do her good. But there's no reason for any of this—none! And this book will tell you why. Only a few months back, I saw another one die. The hospital was kind enough to let me know that life support was to be withdrawn so that I could see her off. She had OD'd shooting crack over a month prior. Not good to shoot that. It tends to be dirty, and it's worse when scraped off a used pipe screen. Paralysis set in, among other things. Though I saw her almost every day for a month, there was no family in sight. She'd have died alone had I not been there. By then, she was in a coma. Hoping that she could hear me, I whispered that I love her, and that her nightmare is over. When she went under, I cried like a baby. Outside the hospital, I hurled a string of profanities at the heavens. You see, she had been doing a hit-and-miss job of cutting down on her drug use—stopping now and then, slowing down where possible. Some frontline person—a recovering addict—had told her that such efforts are a waste of time: if you can't kick, all that stopping and starting—all those efforts to slow down—will do no good at all. She took that to heart, and gave up trying. But that frontline person was wrong, and is now responsible for my friend's death. In a better world, that individual would also be legally accountable. This book will tell you why. So why am I writing this book? The 20th century approach to addictions, including alcoholism, has largely been governed by ideas and practices that simply add to the damage. No matter what the system—which includes the 12 Step movement—tries to feed you, it all has to change. Why am I writing this book? Maybe it's because I believe that, someday soon, anyone on the frontlines who talks the kind of nonsense that killed my friends will face justice, or at least lose their professional standing. I've long understood that those who tell addicts that they need to hit bottom are accomplices to an abomination. I also knew that most of them had been snowed into believing that they're doing good. So for a long time my attitude was similar to that of a man who, long ago, said that such people should be forgiven, "for they know not what they do." But I've changed. Through it all, the people feeding so many lies and half-truths—to addicts, to alcoholics, to the general public—made a mistake. A really big one, too: they pissed me off. ix **Introduction** Some people get upset because I call myself "crackhead." Well, here's something I learned from Ice-T some 20 years ago: call yourself what really fits. Look at the situation, and expose sugarcoated lingo for the bullshit that it is. Anyone who doesn't want to be called crackhead can call himself a "person of crack" for all I care. I've been studying addiction-related matters for over 20 years, but this book was written in such a way that most people should be able to keep up. Readership will include frontline workers, professionals of all stripes, and members of the public who have been affected by addiction. But this book was written mainly for other addicts like me. It's all about you—all about us—and why things don't have to

be as bad for us as they are. It can all change, but it will come down to you and me, and what we are willing to do. This is not another recovery book—we have plenty of those. While recovery issues are discussed in length, this book is mainly a political treatise. The treatment industry and the recovery culture are all taken on, because they are integral to the realities facing addicts today, and also because rewriting those scripts will be central to rewriting the entire story. It's a story that began long ago, and Chapter 7 provides the historical backdrop. A reader might note a glaring absence: this book does not say much about why people become addicted. Of course that's an important matter, an understanding of which is central to prevention efforts and, in many cases, important to meaningful recovery. Perhaps in another book, I will address that. Here, though, my goals are more direct and immediate: like blacks, gays, and others, addicts must find some kind of political center. There was a time few would have thought that homosexuals could, yet they did. The system by which addicts are stigmatized follows a well-known pattern: those who get out of the shitter and abstain long term are recruited to put down the rest. I see people in recovery saying things like "Bitch/asshole hasn't suffered enough—a few more beatings/rapes/infections/arrests might do it." Even when the wording is less harsh, the meaning remains. I see strong parallels with how the formerly poor often despise those who still are poor, or persons from marginalized ethnic groups who succeed and integrate might look down at the ones who still live in the ghetto. Addicts are not the only oppressed group, but they are the only remaining group deemed to benefit from degradation. Although "hitting bottom" is the term applied to addicts, the line of thinking is not new. In fact, it is very old. There was a time when children were said to benefit and learn from beatings and insults ("spare the rod, spoil the child"), wives too ("a beating will set her straight"), blacks ("the boy needs a good whupping"), gays, the mentally ill, the developmentally challenged. Although these groups are still often targets, *at least the official line has changed*. No other group—ethnic, sexual, or other—is said to require degradation as a means to improvement. Since the Enlightenment, our collective political vision has involved doing away with such attitudes, and we addicts represent something special for this reason: arguably the last hurdle in an arduous quest for social justice that began, perhaps, with a revolution in America and another one in France. While I wrote this book to enlighten the public, I would really like to educate addicts themselves, to politicize them. Despite harsh words I may have for the system in place, I don't deny a strong ambivalence. In fact, I'm counting on it: we are not the kind of civilization that stays too comfortable with oppression and degradation. In its way, the system really tries to help—even the jail system. I see people looking like crap, drained and barely standing, right when they get busted. Eight months later, someone comes out of jail looking like an athlete. The system does try, and I am counting on that. I also count on the fact that my goals are consistent with the kind of civilization we are trying to create. The "get tough" people usually advocate things like forced treatment, and maybe harsher prison sentences. Sorry, but that's just macho light. Few have the balls to advocate anything like large-scale slaughter which, in another time and another place, might actually work. So I'm calling on our civilization to get real: we don't have the collective pluck to deal with things in a really tough way. My agenda is neither moralistic nor bleeding heart, just practical: might as well treat people right. This book owes a great deal to my recovery crew—the guys who have my back. They used to scrape me off the floor when I was down, and I'm always ready to do it for them. I call them my "war buddies," xii because when you're up against something that wants to kill you, you get tight fast. It's not a shallow connection, just high speed. Two men can fight in a war together for a few months, never meet for 20 years, but when they do they're still brothers. I love my recovery crew. We're struggling with a demon that wants to take us out. But it's not kind enough to kill us fast. It wants to bleed us, degrade us, make our loved ones cry, take away our dignity, and then, very slowly, suck us dry. *We don't let the bastard win, do we? And this book wouldn't have happened if not for you, because I'd be dead, locked up, or in the middle of a psycho drug run.* This book is not about my drug life, or about my recovery, but I'll share one story. A friend of mine once tricked his way out of jail. He pretended to have some kind of aneurism, and then acted like he could barely move or talk. He kept it up for 60 days in the joint, sitting in a wheelchair and moving his head around like some unfortunate creature. He'd call me, but even on the phone he'd talk slowly, words disjointed, and

poorly pronounced. When it came time for sentencing, the judge figured he'd "suffered enough." So my buddy walked. Then, driving him home, I found out that he first got the idea for this retard act from watching me spazz out on crack. True story! Funny, but also tragic. Tragedy can change a man. In my twenties I was a drinker, a jock, and an occasional scrapper. I really thought I was a badass. But I found out: alone and trying to score at 3 a.m., surrounded by hustlers who might want an extra piece of me because of skin ... Well, I learned because I had to. I'm rougher around the edges today, yet I've managed to retain my humanity. At times, though, it was hard to tell—almost too close to call. Nietzsche said that when battling a monster, it's important not to become a monster. Yeah, and I've been to hell and back. It's good to be back. I believe in myself—in my fellow crackheads—and believe that things could really change over the next few decades. This book was written for crackers like me. Hey, drunks, poppers, junkies and other needle freaks too—we're not exclusive. P. xiii

1 • You need to hit bottom • a myth that kills

What would you think of a doctor who told a cancer patient that treatment of any kind would be a waste of time because the disease is not yet critical? Any intervention at this point would simply interfere with a process that will, in time, produce lots of pain, degradation, and maybe irreparable physical damage. Oh, sure, early intervention might save you the need to have your arm amputated, but losing an arm might be what it takes to change your attitude and make you receptive to treatment. No matter how insane this approach would be—should I say evil?—it is precisely how the system has traditionally dealt with addictions. With no other medical condition—not even mental illness or neurosis—is the governing idea that the disease must be allowed to cause a great deal of damage in order to prepare someone for help. For that matter, with no other medical condition is failure of treatment consistently blamed on the patient (more on this in Chapter 3). Are addictions really all that different from other diseases on this point? Is it really necessary that someone *hit bottom* in order to improve? No, and this one stupid lie has—by means of treatment practice, social policy, societal attitudes, and even "wars" waged by politicians all over the world against drug users—killed millions and caused many more to suffer needlessly. Like I said already: what we're talking about here is genocide. It is a political issue. Try treating any other disadvantaged group this way—gays, immigrants, the physically handicapped, racial minorities, the mentally ill—and you'd be in big trouble. Yet, daily, those addicted to drugs and alcohol are fed a story about how physical suffering, emotional degradation, possibly even HIV infection, are precisely what they need. No politician—or doctor—would dare to suggest the same to another disadvantaged group. Perhaps the best way to start will be in the form of a reply to a point surfacing in the minds of a few readers: the bottom, we are told, is personal. The idea is that no two persons are the same, that each can handle different amounts of pain or degradation. While certainly true, and possibly conveying an open-minded attitude, this point simply muddles the issue. Since the bottom is absolutely personal, a paper cut could qualify. Seriously, if people have already decided that whatever precedes recovery must be a bottom, then whatever came before recovery will be called a bottom. In philosophy, this is often called circular reasoning: you must hit bottom prior to recovery; you stepped on dog poop prior to recovery; so stepping on poop was your bottom. That's why the 12 Step world speaks of high bottoms, low bottoms, in between ... The real issue is this. It starts with a no-brainer: if addiction were painless, few would give it up. From there, the system has long assumed that if someone isn't ready to change, more pain must be the answer. First, I will point out that this doesn't follow: if some pain is needed, that simply means that pain is a necessary ingredient. It does not prove that pain is the only ingredient, or that higher and higher doses of the same are somebody's best hope. Pain is one ingredient, but there are others. In any case, this idiotic—and murderous—line of thinking has long been defended by a hopelessly circular logic. I will repeat it. Bottoms are personal, and must come before recovery, so whatever comes before recovery has to be a bottom. To get to the truth, we need to engage with facts rather than such useless "reasoning." As promised, I try to keep this whole treatise clear and simple. So here: three of the best predictors of success in recovery are: (1) social support (family and friends have not written you off); (2) social standing (job, status, and so on); and (3) cognitive functioning. While some issues are debatable, this is not. It's simply a fact known to anyone who has studied the matter. A hardcore drunk, junkie, or crack smoker who does not stop while still

enjoying those three markers might need some kind of encouragement. However, if those three markers were to fade away, that person would clearly be closer to a real bottom and yet, statistically, *far less likely to achieve abstinence*. Conversely, an addict in dire straits who receives decent housing (or some kind of decent opportunity, even something like a love connection) will be *more likely to kick*. One step away from a "bottom" is more likely to precede positive change than another step in that direction. Yet, somehow, our culture has come to insist that whatever precedes the point of change must be called a bottom (according to this logic, even winning a lottery and meeting the love of one's dreams might be someone's bottom).

Dr. Peter Ferentzy, an addiction expert who has lived the life of a crack addict, reveals the ugly truth: the dominant approach to drug and alcohol addictions has hurt—and even killed—more people than it has helped.

“Hitting bottom, abstinence, and other buzzwords are often code for approaches that promote degradation, rape, and death; and on a scale that really amounts to genocide.

“Written with passion and fiery authenticity, this fiercely honest book sucker-punches the dominant myths around addiction, replacing them with unvarnished truth and hard-won sense.”

Gabor Maté, M.D. Author of *In The Realm of Hungry Ghosts: Close Encounters With Addiction*

“Peter Ferentzy has been part of a strange system - the North American addiction culture — he lived it — and studied it. And this is what he has learned -- he was involved in a self-defeating delusion. No, not just his addiction -- the entire American culture of understanding and treating alcoholism and addiction. It is built on a myth -- one whose consequences are certifiably ineffective, often harmful -- and yet which persists. Not only are our notions about addiction virtually all false, but the system and its proponents fight to the end to refute and oppose a logical, superior approach built on the basics of how human beings function and improve. We'll call this superior approach “harm reduction”: what it says is that people should make the incremental improvements they can, which will allow them to improve further, and get them on a positive spiral. (In real life, we call this “getting better.”) It's so logical, obvious, and right that we might call it the “life” approach. And the book's style, like its content, is as clear and appealing as a bell. We shouldn't give Peter too much credit, though. After all, he's only telling the truth.”

Stanton Peele, Ph.D., author of *7 Tools to Beat Addiction*; creator of the Life Process Program for addiction treatment

“Ferentzy hopes to do for addicts what Martin Luther King did for blacks. He'll be just as controversial.”

A. Tom Horvath, Ph.D., ABPP. President, SMART Recovery; Author of *Sex, Drugs, Gambling & Chocolate: A Workbook for Overcoming Addictions*

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time.

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