



WWEN Connection

Wisconsin Women's Education Network
on Addiction, Recovery & Prevention

*... everything on the earth
has a purpose, every
disease an herb to cure it,
and every person a
mission. This is the Indian
theory of existence.*
—Mourning Dove Salish
1888-1936

Putting a Face to Recovery . . .



My name is Sarah and I'm an alcoholic and a drug addict. I'm originally from Madison, Wisconsin and I grew up in a middle-class family. I'm the youngest of four children. My mother was addicted to alcohol and tranquilizers and had serious emotional problems. She loved us but was very full of rage and unpredictability. She and my father fought frequently and alcohol was usually involved. I experienced abuse of many forms throughout my childhood. Emotional escape became a necessity for me.

I began using marijuana at age 10. I loved the feeling it produced. Smoking pot as much as I could became my favorite activity. I was extremely depressed in middle school and always felt different from other kids. At age 14 I started drinking alone. By age 16, I was failing everything and was drinking in school. I entered treatment that year which introduced me to a 12-Step program. I embraced it immediately. Although I struggled to stay sober at first, I did stay clean and sober for nearly eight years after that. During that time I graduated from high school, came out as a lesbian, and graduated from college with a degree in Economics.

After college, I moved to Minneapolis to begin a career in financial services. Though still attending 12-Step meetings, loneliness and depression precipitated a return to drinking. Crack cocaine was a hot topic in the news and, being curious, I tried it. My life was soon out of control. After repeated attempts to get clean in various rehab programs, I packed up and moved back to Wisconsin. Although I stayed off the crack, I couldn't part with alcohol.

Having become unable to work due to my drinking and drug use and racking up five OWIs (Operating While Intoxicated), my health was really beginning to deteriorate. Fortunately, a county alcohol and drug counselor suggested I go to a residential treatment program at Women's LaCrosse Area Addiction Rehabilitation (LAAR). Having made multiple trips to detox at various area hospitals, some ERs were refusing to admit me. Finally, I became so desperate and long jail sentences were coming up, that I agreed to enter LAAR House.

Though extremely opposed to my counselor's suggestion of relocating to La Crosse, I reluctantly admitted I couldn't go home and stay sober. I knew I needed to be in a safe, recovering community, away from the drinking and drugs. Seven months clean and three months into a year jail sentence, I availed myself all the support I could to get through it. It became a very spiritual time for me. My counselor, who continued to support me, and all of the recovering friends, helped to strengthen my faith.

Today, I am seven years clean and sober. I have a small house, a dog, 2 cats, and a motorcycle. I work for Women's LAAR House with some of the same staff that helped me so much. Though I'm active in the recovering community, it's helping the women who come through here that is especially rewarding.



The WWEN website has a "new" look. Check it out at www.dcs.wisc.edu/pda/wwen/

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Each Cigarette Ups Stroke Risk in Women

August 18, 2008

Research Summary

www.jointogether.org/news/research/summaries/2008/stroke-risk-in-women.html



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ADVANCING EFFECTIVE ALCOHOL AND DRUG POLICY
PREVENTION, AND TREATMENT.



Researchers have determined that the already well-documented link between smoking and stroke risk appears even more potent at higher levels of smoking, [HealthDay News](#) reported Aug. 14.

John Cole, M.D., assistant professor of neurology at the University of Maryland School of Medicine, and colleagues interviewed a group of 1,070 women ages 15 to 49.

Comparing data on smoking and stroke occurrence in this group, they found that any smoking doubles the risk of stroke. At high levels of smoking, the risk increases dramatically: It is 4.3 times greater for women who smoke 21 to 39 cigarettes a day, and 9.1 times greater for those who smoke 40 or more cigarettes a day.

Cole said the findings should lead to this conclusion about mitigating stroke risk: "Stopping [smoking] is the best thing to do, but cutting back will also reduce the risk."

The study offers new insight into the risks of smoking, in that there has been a lack of data on the actual dose response related to particular levels of tobacco use. David A. Meyerson, M.D., director of cardiology consultative services at Johns Hopkins University Bayview Medical Center, added that for young women not compelled by the stroke data, they also should be informed that smoking causes premature aging.

While this study looked at female smokers, a separate analysis of male smokers is now in the planning stages. **Study findings are published in the Aug. 15 issue of [Stroke](#).**

Current

Substance Use History Heightens Risk of Postpartum Suicide

August 20, 2008

News Summary

www.jointogether.org/news/research/summaries/2008/substance-use-history.html



A study has found that women with a history of substance abuse have a six-fold increase in the risk of attempting suicide shortly after giving birth, [Reuters Health](#) reported Aug. 18.

Examining hospital records from women who gave birth in Washington state between 1992 and 2001, researchers compared 355 women hospitalized for a suicide attempt within a year of giving birth with a larger group of new mothers who had not attempted suicide. The researchers found that women with a substance abuse history were six times more likely to have a postpartum suicide attempt, while women with a history of a psychiatric disorder were 27 times more likely to attempt suicide.

Lead researcher Katherine A. Comtois of the University of Washington School of Medicine and colleagues said mental health and substance abuse diagnoses clearly are risk factors for postpartum suicide that should be monitored by health care providers and family members. The American College of Obstetricians and Gynecologists has recommended that women be routinely screened for psychosocial risk factors during prenatal care.

The researchers found that suicide risk was considerable higher for women who had been hospitalized for a substance use or mental health problem five years prior to giving birth.

The study findings were reported in the [American Journal of Obstetrics & Gynecology](#).

Staying

Women's LAAR House

By Pam Reynolds, CSAC, ICS



Women's LaCrosse Area Addiction Rehabilitation (LAAR) is a 9-bed AODA Medically Monitored Treatment and Transitional Community Based Residential Facility exclusively for women. Programming consists of daily group therapy Monday through Friday, weekly individual sessions, individualized treatment planning, several PM groups, lectures, self-help groups, recreational therapy, morning exercise program, family program and 12-Step education.

Focus on Treatment

Residents are staffed with a physician weekly during their Medically Monitored Treatment stay. Once they are transferred to the Transitional Residential program, which is combined within the same facility, they are staffed on a monthly basis. There is 24-hour staff coverage along with certified counseling staff Mondays through Fridays on both days and PM shift.

Treatment focuses on the particular issues surrounding women in recovery, such as physical health, mental health, parenting, community resources, relationships coping skills, empowerment, dealing with trauma, and increasing social skills. Vocational resources, such as the Workforce Center and DVR, are also available.

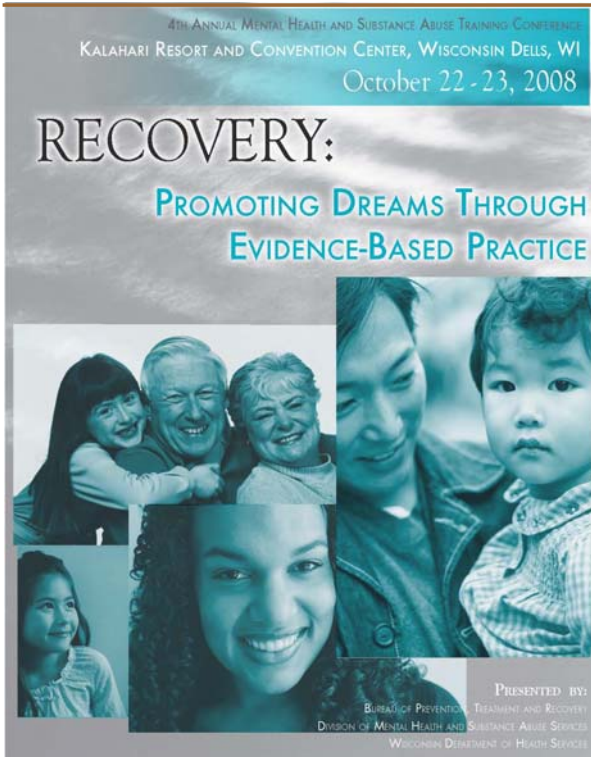
Women's LAAR is centrally located in La Crosse. It is on the bus line, within walking distance of numerous AA/NA meetings, and approximately one block from Franciscan Skemp Medical Center and Clinic.

Residents are required to obtain employment, enter school or perform community service after their initial stay. They are encouraged to become integrated into the recovering community by regular attendance at AA/NA meetings along with recovering events in the community.

Women's LAAR House

**1005 Jackson Street
La Crosse, WI 54601
608-392-6147
1-800-362-5454 ext. 26147
FAX: 608-392-9511**

Mark your Calendars!



Kalahari Resort and Convention Center Wisconsin Dells, WI

Wednesday, October 22, 2008

7:15 AM * 8:15 AM

Registration and continental breakfast

8:15 AM * 4:30 PM Keynote and workshops

Thursday, October 23, 2008

7:30 AM * 8:30 AM continental breakfast

8:30 AM * 11:45 AM Workshops and Closing Keynote

Registrations received by October 10, 2008 \$160
Registrations received after October 10, 2008 \$300

Presented by:

**Bureau of Prevention, Treatment and Recovery
 Division of Mental Health and Substance Abuse Services
 Department of Health Services**

Who Should Attend?

- Professionals, consumers, and families in the areas of substance abuse and mental health
- Clinicians in the criminal and juvenile justice systems
- Domestic violence service providers
- Adolescent treatment professionals and educators
- Interested others

Conference Objectives

For Wisconsin's Mental Health and Substance Abuse (MH/SA) Services:

- Learn how to promote recovery, best practice, and continuous quality improvement with the use of evidence-based practices within Mental Health and Substance Abuse Services;
- Promote meaningful involvement and inclusion of people and families participating in MH/SA Services in recovery planning, services, supports, and system change;
- Learn how to implement quality peer support and peer-led services as part of care in MH/SA recovery;
- Learn best practices within Mental Health and Substance Abuse for persons across the life span and,
- Increase knowledge regarding special topics in Mental Health, Substance Abuse, and Co-Occurring Treatment.

For More information, contact:

UWSP Continuing Education at: **800-898-9472** or go to <http://www.uwsp.edu/conted/conferences/>
 Click on "4th Annual Mental Health and Substance Abuse Services Conference"



**Wisconsin Women's Education Network
 on Addiction, Recovery & Prevention**

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