

# CRYSTAL CLEAR

THE QUARTERLY NEWSLETTER OF NEW YORK CRYSTAL METH ANONYMOUS INTERGROUP

SUMMER 2003

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## FADE TO BLUE DAY 91: MY FIRST SOBER FUNK

WHEN DAY 90 CAME, I FELT A SENSE OF achievement and accomplishment that I had never felt before. Despite the ups and downs, the feeling that I would never make it, I finally made it. The hugs, the cheers, the clapping... It made it all worth it. I was proud of myself, and I had good reason to be.

And then came day 91.

It wasn't that 91 was a bad number, and I wasn't less proud of myself. But all of sudden I went from being the center of attention to just another audience member. I heard someone once say that the 12-step groups are the only place where you spend the first 90 days as the star of the show—and the rest of your life clawing your way in the chorus. It didn't feel so great.

It wasn't until about day 100 that I realized my pink cloud was gone. It had literally disappeared almost as if it had never been. Now it was just me and my lousy 100 days. I was no longer a beginner, called on first, treated like a precious commodity that everyone focused on. It was just me, my addiction, and that uncomfortable feeling of "now what?"

The depression and blues of months four and five, I learned, are common. I no longer had that swell of energy of getting to 90. I no longer had everyone around me cheering me on in quite the same way, and I could no longer just rely on going to meetings to keep me sober. My sobering realization: The blues are common.

But now the real work began.

The real work? Wasn't staying sober

the real work? Well, that was work, all right, and it sure was hard, but the real work was the stuff that comes after. It was the time when I started to address the problem, not just the symptom. It was the time when I needed to start focusing on my step work.

The steps looked a little intimidating at first, but in reality they were not that complicated once I started them. The important thing to remember was that I had the chance to make lasting changes in myself. And wasn't that what the program was really all about—making lasting changes in my ways of thinking and behaving, giving

me the confidence and security to be the best I could be?

At that time, it also turned out to be good that I started really putting the tools I had been given to best use. I kept making my phone

calls, even when I thought I didn't need it, especially when I thought I didn't need it. I called when I was feeling good, so when I was feeling bad it was that much easier. My old triggers or patterns had not been broken just because I had hit 90 days. A false sense of confidence along with the four-month blues, I realized, could lead to a dangerous combination where I could put myself into compromising situations. These weren't hard rules, just common sense from the lessons my fellow members had shared. As I worked through the sometimes difficult fourth and fifth months, I remembered to be careful, but most of all, I kept coming back.

—Adam S.

I was no longer called on first, no longer treated like a precious commodity that everyone focused on.

# SLAYING THE DRAGON

## MY EXPERIENCE IN OUTPATIENT REHAB

ONCE IN THE ROOMS, I BECAME acquainted with the phrase “tools of recovery,” which usually refers to 12-step meetings, program literature and having a sponsor, among other things. But there has been another “tool” that has proved invaluable in rebuilding my life—outpatient rehab. And although our Tenth Tradition reminds us that CMA as a whole has “no opinion on outside issues,” including treatment programs, it still allows me to share my very own, personal experience on this topic, without expounding a specific opinion. After all, it has been part of my journey, a part of my sobriety, and a part of my recovery. “Everything affecting a recovering addict’s life,” the “12 and 12” of Narcotics Anonymous says, “is material for sharing.” So here it is.

In an earlier attempt at recovery, I tried to get into an inpatient program. My insurance, however, would not cover it. Instead, I was admitted to a detoxification facility, which discharged me after five days, suggesting I enroll in an outpatient rehab program. I relapsed the minute I returned to my apartment.

Literally.

The smoky white dragon that is my disease returned in full force, determined to win the battle. I continued to try to beat the addiction on my own terms and failed every time. Several months later, knowing that I was close to a certain death and in

desperate need of professional help, I decided to take the suggestions and try outpatient rehab.

I settled on a program directed at the gay and lesbian community, but more importantly, one that conducts weekly urine testing. I knew that this self-imposed check was necessary if I was going to give recovery a chance to work this time.

Outpatient programs can last from six months to a year, and each has its own approach. The program I chose makes you sign a contract in which you promise to attend at least three twelve-step meetings a week, get a sponsor, and faithfully attend whatever number of outpatient sessions medical insurance agrees to pay for.

Not everyone’s recovery may necessarily require a rehab program. But for me, enrolling in outpatient rehab was a commitment that is still helping me stay sober today. I’m building an emotional and psychological infrastructure that is useful in my recovery. Each “tool of recovery” has its own value. Twelve-step meetings allow me to vent and share how I am feeling at any given moment; a sponsor offers me the benefit of his or her experience; fellowship in the program becomes a network of additional support. Outpatient rehab has allowed me to make the most of what I’ve gained from

these sources.

It has helped me focus on the issues that led to my addiction, and on what I need to do to avoid a relapse. In addition, sharing my journey of recovery with a group of people that share my lifestyle has served as a benchmark to gauge my progress. For me, outpatient rehab has created an environment that fosters spiritual growth,, and allows me to learn from the experience of other addicts in recovery.

My addiction, the aforementioned smoky white dragon, cannot be slain with any kind of metaphorical sword. Yet I can learn to contain it. I see this as luring the dragon into a coffin and using the tools of recovery as the nails that keep the coffin lid shut. Outpatient rehab has taught me how to swing the hammer, and make the most out of all the other tools at my disposal. The lessons learned from my addiction, once the addiction is contained, are useful for rebuilding my life on a more solid foundation, and for dismantling obsolete, harmful and self-defeating patterns of behavior.

I know that my smoky white dragon will never die or cease to roar. But with time, its roar will grow dimmer. I have the comfort that, although it will be a never-ending wake, the dragon can be kept at bay as long as I remain vigilant.

—Paco G.

### CRYSTAL CLEAR

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### CRYSTAL METH ANONYMOUS

CMA is a 12-step fellowship for those with a desire to stop using crystal meth. CrystalClear, the newsletter of NYCMA, is issued quarterly. We reserve the right to refuse submissions and the right to edit for clarity and space, and to avoid triggering the reader. No compensations will be paid for any submissions.

According to our Tenth Tradition, CMA has no opinions whatsoever on outside issues. All articles in CrystalClear reflect personal experiences only and do not necessarily speak for CMA as a whole.

The Twelve Steps and the Twelve Traditions have been adapted from the “Big Book” of Alcoholics Anonymous.

# SHEETS OR SHELF SEX IN THE FIRST 90 DAY

"It's NOT A RULE," SOMEONE RECENTLY said at a meeting. "It's a suggestion." Wait a minute, I thought. Was it really? Didn't the AA "Big Book" say, "We do not want to be the arbiter of anyone's sex conduct?" I came to CMA because I had a problem with drugs, not so I could stop having sex. Instead of relying on my own opinions about this, I asked four experienced CMA sponsors about sex in the first 90 days.

The first sponsor I spoke to said that he thought sex in the first 90 days was okay. "This is about living clean and sober, not about being told what to do. Have as much sex as you want, just do it soberly and clean." He added that sex could be a problem for some newcomers. "If I have a sponsee who can only have sex by meeting people online who are tweaking, I tell him that this might not be a good idea."

A second sponsor said that he thought people were confused on this issue. He said this suggestion was intended for people with time, not newcomers. People with time should not be taking advantage of vulnerable newcomers. "It's like shooting fish in a barrel," he said. He added that newcomers could be "dangerous." Why? "They will get you high a lot faster than you will get them sober."

A few days later, he sent me an email to follow up. "Sex should go on the shelf," this second sponsor said. "In our first days of recovery we need to learn the basic things like going to bed, getting out of bed, eating three meals, paying the bills, and showing up for work. Our primary purpose is always to stay sober—getting laid is

secondary." This was very different from what he had said at first. It wasn't a contradiction, but I think it shows just how complicated and slippery the issue is.

A third sponsor expressed concern about sex leading a newcomer back to drugs. He said that sex was often linked

to things that turned out to be a problem for a recovering addict. Some people come into the program unable to have sex without drugs. If that's the case, having sex might mean relapsing. He believes that casual sex is fine if no

drugs are involved, but that emotional attachments are often tricky.

"Newcomers are so ready to fall in love," he said. "If you get into a new relationship, you are not available to the program, and you are likely to get very hurt." He said that he wished he could tell people not to have sex in the first 90 days, but his experience had told him that this was just not realistic.

A fourth sponsor wasn't categorically against sex for newcomers. He said that he didn't want anyone feeling like they failed just because they had had sex. He was worried about people's motivations, however. "Sex is not bad. How we use it can be bad." He said something else I liked a lot: "As long as you don't pick up in the first 90 days, you're a winner."

No sex in the first 90 days? Talking to your sponsor is a good idea. Being honest about your motivations is a good idea. Avoiding situations where drugs might show up is another good idea. There definitely is no rule. There is no definitive answer. There are only suggestions to be considered on an individual basis. —Bruce C.

"Have as much sex as you want, just do it soberly and clean," or, "Sex should go on the shelf"—there is no definitive answer.

Last month, I got to spend some time with a high-profile AIDS researcher. I asked him why HIV infection rates were on the rise again. His answer was short, yet blunt: complacency—and crystal meth.

Surprise, surprise. Full disclosure: I, too, contracted HIV during a crystal binge. That night, no risk, no awareness, no knowledge mattered. That night, my disease took over, fueled by my darker self: low self-esteem, internalized homophobia, a subconscious death wish.

The link between addiction, "crystal sex" and HIV is undeniable. Some seroconvert while using. Others use because they seroconverted.

Yet we'd rather not talk about it. But for many of us, infected or not, HIV haunts our recovery as well—as anger, regret, fear, denial. It cuts both ways: if you're "poz," as wreckage of your past; if you're "neg," as unspoken threat—and the double jeopardy of relapse.

So, finally, our fellowship is tackling this taboo. We now have a meeting devoted to this very topic, a safe space where recovering addicts from either side of the "HIV divide" can touch on that darker self—and gather strength and hope.

Editing these pages, I've realized that my own struggle with HIV mirrors my struggle with addiction. Similar pitfalls: depression (page 1), loneliness (page 4), shame (page 5). Same lesson: HIV and addiction aren't moral issues; they're both diseases that kill.

Unless, of course, we're starting to learn from each other—regardless of our status. —Marc P.

## BIG BOOK THUMPER STUMPER

DO YOU KNOW YOUR LITERATURE?

- 1 Upon reaching Step Ten, what does the "Big Book" say we will do if tempted by alcohol?
- 2 According to the "Big Book," what do many people in AA say is the most important fact of their lives today?
- 3 What does the "Big Book" suggest we pray for when completing our period of meditation?
- 4 What subject does the "Big Book" tell us we shouldn't be shy about?
- 5 When speaking of our character defects, what does the "Big Book" suggest we do in cases where we continue to cling to them and we will not let go?
- 6 What is the baffling feature of alcoholism and addiction as we know it?
- 7 The "Big Book" states that each alcoholic/addict is like an actor who wants to run the whole show. That we are forever trying to arrange what to suit us?
- 8 What are the 12-step promises?

ANSWERS ON PAGE 7

# TOOLS OF SOBRIETY PART 3: LONELINESS

MY FIRST YEAR WAS ACHINGLY LONELY. My friends had abandoned me when I got sober; those who had not were no longer suitable to my fragile sobriety. Even my lovers—drugs and alcohol—were gone. That I craved drugs and alcohol did not surprise me, nor that I had to break many habitual ways of living, but I hadn't expected sobriety to be so lonely. How could I assuage this loneliness?

The truth is that everyone is lonely in varying degrees during the first year. Most of us have lost our support networks, and one of our tasks in the first year is to resocialize. That takes time, and we have to tolerate some loneliness for a while. The key is not to get too lonely. Here's what my sponsor suggested, and what I did:

- I went to lots of meetings. Then I went to fellowship—the meeting after the meeting—to socialize and meet people.
- I shared at meetings about what was going on in my life and how I felt. People began to know me and opened up to me.
- I talked to my sponsor honestly and at length. (Yes, he wanted to talk with me—he wouldn't have volunteered to sponsor me if he hadn't, although that was difficult for me to believe). That was the beginning of developing a lasting relationship with him.
- I accepted phone numbers and gave mine in return. It's rude to give or accept a phone number and not reciprocate. Further, my sponsor insisted that within 24 hours I call everyone who was nice enough to give me his number, and that I at least

leave a message if I got a machine. I was embarrassed to make phone calls—the first call was usually awkward. I felt I had nothing in common with the person I had called, nothing to talk about. However, I found that when I let him talk about himself, he thought I was great!

- I helped someone with less time than myself. My sponsor noted that when I had seven days, I had six days more experience than someone with one day. My experience could help that person through his first week. Often, lasting friendships are

We have to tolerate some loneliness for a while. The key is not to get too lonely.

based on mutual support. I soon found that I liked many people who were in my day count class in sobriety.

- I planned with classmates to do things on weekends: brunches, shopping, museums, movies. Weekends were my nemesis—too much unstructured time to do the devil's work. Better to be with people—even people I didn't (yet) like—than to be alone.
- I did service—I arrived at meetings early to set up chairs; I worked on an NYCMA Intergroup mailing. I could meet people and be part of the fellowship.
- I did not get a boyfriend—that is usually a very temporary solution, and it hurts.

In my Third Step, I learned to trust the process of getting sober. There came a time when I was not lonely any more.

—Roy Y.

*This is the third article in our series about a helpful tool of sobriety we call H.A.L.T.: Don't let yourself get too Hungry, Angry, Lonely, Tired. In the next issue: tiredness.*

# MY FALSE SELF

## HOW SHAME FUELED MY ADDICTION

SHAME—FEELING “LESS THAN, NOT GOOD enough”—has played an essential and pivotal role in my addiction. During my developmental years, I learned to feel inadequate, worthless, defective and faulty. In retrospect, I can pinpoint some of the major contributing factors to such feelings of inadequacies, which all have to do with feeling different from everyone else.

I remember my first crush on a fellow male classmate in first grade. I can still remember his face and his name. It wasn't until the second grade that I finally had a word for my shameful tendencies towards men. In reading class, I overheard my classmates whispering to one another. One boy asked another girl if she knew what the word “gay” meant. When he told her, she laughed out loud. From that point on, I learned quickly to repress my shameful feelings to the best of my abilities.

My father passed away when I was eight years old, and I have preserved only a few, vague recollections of him. I cannot even distinguish between memories and dreams of my father. Without a fatherly influence, I matured into adulthood before I had a chance to be a child. As an eight-year-old, I was already taking the subway by myself to get to music lessons. I'd look at the nuclear families riding the train together and wonder what it would be like to grow up with a father. Although my mother was supportive, she was absent in my childhood years. She was a single mother, working hard to support her

only child. She was never around to give me the approval I sought and am still seeking.

Growing up in Brooklyn, I was economically disadvantaged compared to my classmates at a predominantly white all-boys school. I didn't have the clothes that they had. I didn't fly somewhere warm or go skiing every weekend. I spent six unrelenting years of my adolescence comparing myself to them.

When I came out my first year in college, I became the object of campus-wide

harassment due to the combination of my openly gay status and my involvement in athletics and fraternity life. I was the first openly gay athlete and pledge at the college.

When I became involved in the gay social scene, I felt awkward and out of place. The drugs helped me “overcome” my shyness, but fundamentally I felt the morals and values with which I grew up did not exist in this gay circuit scene. I felt for a long time that I did not belong anywhere: I wanted to participate in the extracurriculars I had occupied myself with in high school, but I also wanted

to explore my new life as an openly gay man, and the two worlds just didn't mesh.

All these experiences reinforced my embarrassment of my own self, and as a response to all these feelings, according to John Bradshaw, I created a “false self” in a positive direction, an over-achieving workaholic perfectionist, to hide the true self of which I have always been so ashamed.

I would never have to feel I was less than anyone else. So if I was right all of the time, I would have to feel defective or faulty. And if I excelled in everything I did, I would then gain everyone's respect. As a result, I became the captain of my varsity cross-country and track team, and I received the highest graduating honor award in my prep school. Playing since the age of four, I became a young aspiring concert-pianist, attending a prestigious music conservatory.

I have spent on my entire life basing my self-worth on material things and accomplishments. In my recovery, without these things, I have had

difficulty reconciling the disparity between where I think I should be and where I am. I have a pending felony court case, which has dashed my aspirations to go to medical school. My saving grace has not been my outpatient rehabilitation, but coming to this fellowship. In revealing my

shame and finding group acceptance, I am starting to heal from within.

—Sze Y.

One boy asked another girl if she knew what “gay” meant. She laughed out loud. From that point on, I learned quickly to repress my shameful feelings to the best of my abilities.

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# STEP THREE: LET GO LET GOD

## HOW THE THIRD STEP WORKS FOR ME

*Step Three: We made a decision to turn our will and our lives over to the care of God as we understood Him.*

The psychiatrist Carl Jung once indicated that only “a vital spiritual experience” could create “a personality change sufficient to bring about recovery.” The Twelve Steps are actions designed to foster this experience. While Step One and Step Two are informational, Step Three is a commitment to this plan of actions.

In Step One, I began to understand the problem: Crystal meth was running my life. I learned about the mental obsession and the physical compulsion to use. I began to understand my “seemingly hopeless state of mind and body.” I recognized that I was powerless over crystal meth, and that

my life was unmanageable.

In Step Two, I was introduced to the solution: a power greater than myself. If I could not stop using on my own accord, then only a power greater than myself could accomplish such a feat. For only this power could provide a divine grace—a grace of God, as I understand him—and relieve me of my problem.

Step Three asks me to make a decision to turn my will and my life over to the care of God as I understand Him. But what Step Three actually means to me is: With every decision I make I also make a decision to turn it over to the care of God. For it is those everyday decisions that change my life and my perspective. In each of these daily situations, I have the opportunity

to turn my life over.

Every time I make a decision to eat rather than remain hungry, I take care of my body, and, in so doing, I also take care of my emotional state. Every time I let some frustration go rather than allowing anger to rule my day, I take care of my emotional state, and, in so doing, I also take care of my mental state. Every time I engage with others rather than remaining alone and isolated, I take care of my social state, and, in so doing, I also take care of my spiritual state. Every time I allow myself to rest rather than push myself beyond a healthy extreme, I take care of my physical, mental, and spiritual state, and, in so doing, I allow myself to be open to the leading of my Higher Power.

In the rooms, we call this practice H.A.L.T.: Never let yourself get too hungry, angry, lonely or tired.

Every time I allow my “smart feet” to take me to a meeting rather than to someplace that might trigger me, such as a bar, I remove the temptation to use (to a reasonable extent). I take an action that puts me in a state of mind, body and spirit where using is less desirable because I’m a part of something bigger than myself. In the rooms, we call this people, places and things.

Every time I call my sponsor or another addict, I admit that I cannot handle my addiction on my own—that I need your to help me stay sober. This is, in effect, a practice of the First Step. But it is also a practice of the Third Step, because I am making a decision to go beyond myself. This is major shift of my own natural and addict inclination of thinking. In the rooms, we call this taking suggestions.

The examples go on and on, but these are Third Step decisions because I am—by taking these actions and using these tools—turning over my life and my will to the care of God as I understand Him.

—Lee L.

### POSTCARD FROM THE EDGE THE WEST COAST SAYS HELLO

Hi, my name is Don and I am an addict. About 35 years ago we were taking speed in the form of pills, “bennies,” dexedrine, Bi-phetamines and “black beauties,” when all of a sudden someone introduced us to methadone in a glassy powder form. It also came in liquid form as ampoules. We started to inject this along with the other substances we all took in those days.

After many years of drug induced psychosis and alcoholism, and winding up on skid row in downtown L.A., I was introduced to AA through a recovery house in Hollywood. Thus began my recovery through the Twelve Steps. Many of us speed addicts realized there were a lot of people who might benefit from the 12-step program since Narcotics Anonymous and Cocaine Anonymous were having good effect.

So we started Crystal Meth Anonymous at the West Hollywood Alcohol and Drug Center one night nine years ago—on September 24, 1994, to be exact. This was just in time to get the wave from the HIV epidemic. Many people have found a visit to SCA quite helpful also, since so many people have sex addiction problems too.

The main thing that has happened to me has been internal. My heart is light, and I am no longer bitter and afraid. I laugh and play in the sunshine of the Spirit most of the time, and I enjoy giving away what I have found here in the fellowship.

I hope to see many of you as we walk this road together. May God bless and keep you safe until we meet. Love to all,

—Don

# I FEEL YOUR PAIN

## TALES OF A NEW SPONSOR

EMPATHY IS DEFINED AS “THE ACTION OF understanding, being aware of, being sensitive to and vicariously experiencing the feelings, thoughts and experience of another of either the past or present without having the feelings, thoughts and experience fully communicated in an objectively explicit manner.”\* In the rooms, empathy is what we feel when a newcomer enters.

He need not speak a word to be understood: Anyone with a little time knows the discomfort and relief an addict experiences as he walks into that first meeting. Without a doubt, empathy is the most vital aspect of sponsorship. I turn to my sponsor because I know that he has been where I am, felt the same pain and joy that I feel.

What but these common denominators make the sponsor-sponsee relationship so unique and useful? Without empathy I might as well call on my family doctor for suggestions on overcoming obstacles to recovery, or share my feelings with any bank teller I might come across while making a deposit.

A sponsor's empathy is not only useful to the sponsee, however. As a sponsor, I heal myself when I listen empathically to another addict. The more I learn about another addict, the more I know about myself. When I tell my sponsee that I understand his feelings, I also

acknowledge a greater understanding of my own feelings.

Even more miraculously, as a sponsor I am often afforded the opportunity to love a sponsee until he is able to love himself. Loving another addict, while a blessing of its own merit, is also a conduit through which I actively show love and kindness to myself. To me, that is why it is often said that the

sponsor gets more from the relationship than the sponsee.

Yet as wonderful a thing as empathy is, it can become a lubricant for self-righteousness and resentment.

To project is “to attribute one's own ideas, feelings or characteristics to other people.”\* While I see empathy as an action derived from my spirit, projection is definitely an act of my ego.

Ever the master engineer of self-sabotage and destruction, my ego is keen on finding ways to slough off that which I don't wish to identify with myself, and lay it onto another. As a sponsor, I run the risk of seeing that which I dislike within myself as belonging to a sponsee.

Most recently this happened when one of my sponsees was emotionally injured by a third party. As my sponsee shared the story, I empathized to the point of feeling angry. While my sponsee explained to me that his anger had been

lifted, I continued to fester resentment at the third party. My error came in refusing to believe that my sponsee had let his anger go. I projected my own resentment onto him and overstepped a boundary by pushing him to work on a resentment he did not have.

Fortunately, I am not only a sponsor but a sponsee as well. My sponsor helped me to see my mistake and suggested that I take my own advice and work on the resentment myself. Of course, my sponsor admitted to having made similar mistakes, and I felt comforted by his empathy and understanding. Lesson learned, I am free of my own resentment and hopefully a better sponsor for it. With the awareness to distinguish between empathy and projection I'm now available to be of service to my sponsee's own personal recovery. —C.C.

\**Merriam-Webster Dictionary*

As a sponsor, I heal myself. When I tell my sponsee that I understand his feelings, I also acknowledge my own feelings.

Empathy is the most vital aspect of sponsorship. I turn to my sponsor because I know that he has been where I am, felt the same pain that I feel and knows the disease of addiction.

### BIG BOOK THUMPER STUMPER

#### ANSWERS

1. We will recoil from it as if from a hot flame.
2. The consciousness of the presence of God.
3. That we be shown all through the day what our next step is to be, that we be given whatever we need to take care of such problems.
4. Prayer.
5. We ask God to help us be willing.
6. The utter inability to leave it alone, no matter how great the necessity or the wish.
7. The lights, the ballet, the scenery and the rest of the players in our own way.
8. Life will take on new meaning. To watch people recover, to see them help others, to watch loneliness vanish, to see a fellowship grow up about you, to have a host of friends this is an experience you must not miss.

# Meeting List

## SUNDAY

6:00 PM STEP MEETING (1.5 HRS) ○  
Lesbian & Gay Community Services Center

6:30 PM BEGINNERS' BASICS C  
Lesbian & Gay Community Services Center

## MONDAY to FRIDAY Mornings

7:45 AM GOOD MORNING HIGHER POWER C  
Gay Men's Health Crisis

## MONDAY

6:00 PM RELAPSE PREVENTION C  
Lesbian & Gay Community Services Center

## TUESDAY

12:00 PM MEDITATION MEETING C  
Callen-Lorde Community Health Center

8:00 PM BEGINNER MEETING (1.5 HOURS) C  
Lesbian & Gay Community Services Center

## WEDNESDAY

6:30 PM TOOLS FOR BEGINNERS ○  
Gay Men's Health Crisis

## THURSDAY

6:30 PM AS BILL SEES IT ○  
Gay Men's Health Crisis

8:00 PM BIG BOOK STUDY C  
Gay Men's Health Crisis

## FRIDAY

6:30 PM LIVING WITH HIV C  
Callen-Lorde Community Health Center

8:00 PM CRYSTAL CLEAR (1.5 HOUR BEGINNER MEETING) ○  
Gay Men's Health Crisis

## SATURDAY

12:00 PM MEDITATION MEETING C  
Lesbian & Gay Community Services Center

10:00 PM INTIMACY, RELATIONSHIPS AND SEX IN SOBRIETY C  
Lesbian & Gay Community Services Center

ALL MEETINGS ONE HOUR UNLESS NOTED

○ = Meetings "Open" to everyone.

C = "Closed" meetings. Open only to those who have a desire to stop using crystal meth.

LESBIAN & GAY COMMUNITY SERVICES CENTER  
208 West 13 Street between 7 & 8 Avenues

GAY MEN'S HEALTH CRISIS  
119 West 24 Street between 6 & 7 Avenues

CalLEN-LORDE COMMUNITY HEALTH CENTER  
356 West 18th Street btw 8 & 9 Avenues

## NEWS FLASH

### CMA HOTLINE

If you think you have a problem with crystal meth and need immediate help, you can call (212) 642-5029. This voice mail service offers information on selected CMA meeting times and locations, as well as the option to leave a personal, confidential message. Messages are checked daily. Someone from CMA will discretely call you back within 24 hours and direct you to the next meeting, or provide you with other ways of assistance.

### PHOENIX RISING

Tired of the city? Need a change of scenery? Ready for some fresh air? From October 10-12, 2003, our CMA fellows in California are holding their "CMA World Conference" in Phoenix, AZ: three days of meetings, fellowship, workshops, a banquet, a dance, even a costume ball—all at the stunning, yet very affordable luxury resort Sheraton San Marcos. For details and registration, go to [www.crystalmeth.org](http://www.crystalmeth.org). You can also contact Eric M. at [fm35@nyu.edu](mailto:fm35@nyu.edu) for additional information, such as room shares, etc., or if you're interested in helping to explore ideas for a first-ever CMA convention in New York City in 2004.

### FOR BOOKWORMS

For all those interested in deepening their spiritual connection by browsing through recovery literature—also from our sister fellowships AA, CA and NA—NYCMA now offers a wide selection of books, pamphlets and other information. They're available at the Tuesday night Beginners meeting, the Thursday night Big Book meeting and the Friday night Beginners meeting (all at 8 P.M.). Or you can contact the NYCMA Literature Committee at [info@nycma.org](mailto:info@nycma.org). Six original NYCMA pamphlets can be downloaded for free at [www.nycma.org](http://www.nycma.org).