



Making Wise Decisions about Alcohol and Drugs

Facilitator Guide



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Lesson One: Introduction and Facts on Drugs

Learning objectives:

1. Participants will be oriented to the group and set group rules.
2. Participants will become familiar with the names of commonly misused and abused drugs.
3. Participants will become familiar with short and long term effects of drug use.

Welcome to the group! This group will provide you with information relevant to making wise decisions about drugs and alcohol.

Before we start, it's important to make sure that this is a comfortable environment where you feel like you can share your thoughts and feel safe. So in order to do that we will get to know each other and set up some group rules.

Ask participants to introduce themselves and to say something about themselves. Perhaps ask people what they hope to get out of attending the group and why it's related to their PROS goal.

Setting group rules: What group rules can we brainstorm and agree on?

Use a flip chart and markers to make notes and agree on rules with the group.

Facts About Drugs

According to the National Survey on Drug Use and Health, an estimated 20 million Americans aged 12 or older used an illegal drug in the past 30 days. This estimate represents 8% of the population aged 12 years old or older. Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants or prescription drugs used without a prescription.

And, despite the numbers, for many people, the facts about drugs are not clear.

Cost to Society: The estimated cost of drug abuse exceeds \$190 billion. That's

- \$130 billion in lost productivity
- \$20 billion in healthcare costs
- \$40 billion in legal costs including efforts to step the flow of drugs

Beyond the financial cost is the cost to individuals, families and society:

- Spread of infectious diseases such as HIV/AIDS and Hepatitis C, either through the sharing of drug paraphernalia or unprotected sex
- Deaths due to overdose or other complications from drug use
- Effects on unborn children of pregnant drug users
- Impact on the family, crime and homelessness

Discussion questions:

1. Provide some examples of "cost to society".
2. Why is this topic important to you?
3. Can you speak to how using alcohol or drugs has an impact on you or your loved ones?

What are the most commonly used and abused drugs?

Without question, the most commonly used and abused drug, after alcohol, is marijuana. Every year more teens enter addiction treatment with a primary diagnosis of marijuana dependence than all other illegal drugs

combined. Other common drugs of abuse include cocaine, heroin, inhalants, LSD (acid), MDMA (ecstasy), methamphetamine, phencyclidine (PCP), steroids, Vicodin, OxyContin and other prescription drugs.

What are the Short-Term Effects of Drug Use?

Drugs are chemicals and while each drug produces different physical effects, all abused substances share one thing in common. They hijack the normal function of the brain and change the way the brain responds to issues of self-control judgement, emotion, motivation, memory and learning.

This is why the person feels differently-the signals coming and going from the brain have been changed. Although this can cause temporary euphoria it can also cause hallucinations, anxiety, paranoia, and uncontrolled behavior. It can cause your respiratory (lungs) and cardiovascular (heart) systems to malfunction or fail.

And, there are social consequences to using drugs including losing the trust of friends and family, poor performance at school or work; quitting activities you enjoy; making bad decisions like placing yourself at risk to be a victim of violence, drugged driving; getting pregnant and surrounding yourself with other people who use drugs.

What are the long-term effects of drug use?

Beyond the short-term risks and consequences are the potential long-term effects. It depends on the drug, but all drugs can cause negative health effects and can lead to addiction.

Whether you become addicted to marijuana, OxyContin, heroin, Xanax, cocaine, methamphetamine or Vicodin, the effect on the brain and your life is the same: an uncontrollable craving to keep using that is more important than anything else in your life, including family, friends, co-workers, career, school and even your own health, security and happiness.

Discussion Question:

1. What kind of effects does drug use and abuse have on someone's life (physical health, social health and emotional well-being)?
2. Do you know anyone whose life has been impacted by substance abuse? Would you like to share how that experience affected their life or the lives of the people they care about?

Participants may want to share their own experiences with alcohol or drugs. It's ok to do that in this space. But remember that the purpose of this session is to provide some psychoeducation. Try to keep the discussion to the topic of long and short term effects of abuse.

Lesson Two: Myths about Alcohol and Drugs

Learning objectives:

1. Participants will debunk common myths about alcohol and drugs.

Check in with the group and make sure that everyone is comfortable with what happened in the last session. Explain that today's lesson is all about debunking common myths about alcohol and drug use.

Despite facts and science, common misperceptions, or myths, about alcohol and drug use continue to exist. It's important to understand and talk about myths, or certain beliefs, about alcohol and drugs. If we "bust" these myths, then more people will have a better understanding of the problem.

Myth #1: If it's a prescription, it must be safe; you can't get addicted to something your doctor prescribes.

Although many medications are perfectly safe if taken in the prescribed dosage for a short period of time, prolonged use can be dangerous- and yes, addictive. Some prescription drugs are especially hazardous if the user exceeds the prescribed dosage or takes a combination of drugs.

Myth #2: "Natural" drugs are safer than synthetic ones.

Marijuana, mushrooms and other "natural" highs still alter chemistry and produce dangerous side effects. They aren't harmless just because they grow in the ground.

Myth #3: The heroin era (or the crack crisis, the age of ecstasy, etc.) is over.

Drugs don't just go away. Although certain drug trends become more popular and available and then seem to diminish in popularity over time, a drug doesn't pose a lesser threat to you simply because it is associated with the culture of a previous decade.

Myth #4: If you have a high alcohol tolerance, you don't have a drinking problem.

If you feel nothing after several drinks, you DO have a problem. A casual drinker wouldn't be able to finish a couple of six packs-and if they did, they'd feel very sick. If you're drinking this much and feeling fine, you probably need help.

Myth #5: If you have a stable job and family life, you're not addicted.

You may still have a job or career, a loving spouse and kids, and still have a drug or alcohol problem. Just ask any physician in recovery-many of them practiced for years without anyone recognizing their drug addiction. Holding down a job doesn't mean you're not addicted-it could mean that you have a tolerant spouse or boss, or you are in a career that puts up with excessive drug or alcohol use. Although you may still be treading water, you are risking everything, and rock bottom may not be far away.

Myth #6: Drug addiction is a choice.

Drug *use* is a choice, and prolonged use changes your body and brain chemistry. When that happens, the user no longer appears to have a choice-this is when use and misuse become addiction.

Myth #7: Detox is all you need. You aren't addicted after you finish detox. They can just knock you out so you can detox while you sleep.

Detox is difficult and it's just the beginning. The new "ultra-rapid detox" programs can be dangerous and even deadly. Finally, detox is the first step towards recovery, but addiction is a chronic illness-like diabetes, asthma, or hypertension. It needs to be managed throughout the lifespan. There is no cure.

Myth #8: If someone in recovery uses drugs or alcohol again, they'll be right back where they were when they first quit.

This can be a self-fulfilling prophecy. If you believe that one drink will throw you back to “square one,” then it will. However, it is entirely possible to relapse, realize your mistake, and get right back in recovery.

Myth #9: You need to be religious in order to get sober.

Sobriety doesn't require you to believe in God or subscribe to any organized religion. It helps, however, if you believe in humanity, family, community, and the good aspects of yourself-beliefs that are greater and stronger than your own daily life with drugs.

Myth #10: Addicts are bad people.

Addicts aren't “bad” people trying to get “good,” they are sick people trying to get well. They don't belong to a particular race or exist only in certain parts of the country. They are lawyers, farmers, soldiers, mothers and grandfathers who struggle with drug dependence on a daily basis. They are proof that addiction doesn't discriminate-but, thankfully, neither does recovery.

Use a laptop and projector to show the short video “Addiction is a disease, not a moral failure” by visiting <https://www.samhsa.gov/capt/tools-learning-resources/addiction-as-disease-not-moral-failure>.

Facilitate a discussion with the group about the video and normalize that addiction is a disease. It's just like diabetes or high blood pressure, a chronic disease that can be managed with help and support from both professionals and trusted families and friends.

Lesson Three: Harmful Interactions

Learning objectives:

1. Participants will learn about the potential dangers of mixing alcohol and illegal drugs with prescription and over the counter medication.
2. Participants will learn how to ask for help when trying to make a decision about alcohol and possible drug interactions.

Check in with the group and make sure that everyone is comfortable with the class and what happened in the last session. Introduce today's lesson on harmful interactions.

Have you ever seen a warning label like this one on your prescribed medication?



Did you know that mixing alcohol and medicines can be harmful? Alcohol, like some medicines, can make you sleepy, drowsy, or lightheaded. Drinking alcohol while taking medication can make these side effects worse or feel stronger. You may have trouble concentrating or operating machinery, or driving a car. That's because your reaction time can become slower when taking some medications. Small amounts of alcohol can make it dangerous to drive, and when you mix alcohol with certain medicines you put yourself at even greater risk. Combining alcohol with some medicines can lead to falls and serious injuries, especially among older people. If you do drink alcohol, it's very important to speak with your prescriber or pharmacist to see how a prescribed medication may interact with alcohol. And if you use illegal drugs, it's important to ask someone for help because it can be very dangerous to take prescribed medication with other substances.

Some medications-including many popular painkillers and cough, cold, and allergy remedies-contain more than one ingredient that can react with alcohol. Read the label on the medication bottle to find out exactly what ingredients a medicine contains. Ask your pharmacist if you have any questions about how alcohol might interact with a drug you are taking. Here are some things to keep in mind when drinking alcohol and taking medication (prescription and over the counter).

Some medications contain alcohol. Certain medicines contain up to 10% alcohol. Cough syrup and laxatives may have some of the highest alcohol concentrations. You may want to consider using cough medicine without alcohol in it if you are in recovery.

Alcohol affects women differently. Women, in general, have a higher risk for problems than men. When a woman drinks, the alcohol in her bloodstream typically reaches a higher level than a man's even if both are drinking the same amount. This is because women's bodies generally have less water than men's bodies. Because alcohol mixes with body water, a given amount of alcohol is more concentrated in a woman's body than in a man's. As a result, women are more susceptible to alcohol-related damage to organs such as the liver.

Older people face greater risk. Older people are at particularly high risk for harmful alcohol-medication interactions. Aging slows the body's ability to break down alcohol, so alcohol remains in a person's system longer. Older people also are more likely to take a medication that interacts with alcohol-in fact, they often need to take more than one of these medications.

Timing is important. Alcohol and medicines can interact harmfully even if they are not taken at the same time. Mixing alcohol and medicines puts you at risk for dangerous reactions. Protect yourself by avoiding alcohol if you are taking a medication and don't know its effect. To learn more about medication and whether it will interact with alcohol, talk to your pharmacist or other health care provider.

The same is true of illegal or illicit drugs. When you use street or club drugs, you are taking a lot of risks. There is no way to know how strong they are or what else is in them. It's even more harmful to use them with alcohol.

Encourage participants to partner with healthcare professionals. It's important that you feel comfortable with your prescriber, mental health or substance use professional, or even your pharmacist. It's a good idea to be honest with that person so that they can help you to be safe and give you correct information.

Brainstorm questions you can ask your prescriber about how medications you may take (both prescribed or over the counter) can interact with alcohol and other drugs. Make a list with the other group participants.

Encourage participants to reach out to their prescribers (if they have one) or to a pharmacist to ask them some of these questions.

Lesson Four: Help Making Good Decisions

Learning objectives:

1. Participants will evaluate consequences of using alcohol and drugs.
2. Participants will practice the decision making process so that they can become more comfortable making wise decisions about alcohol and drug use (i.e. Using refusal skills).

Check in with the group and make sure that everyone is comfortable with the group content and what happened in the last session. Explain that today's lesson will focus on decision making and how to make wise decisions about alcohol and drug use.

Using alcohol and drugs can have an effect on more than just your health. Before you decide to use alcohol and drugs, it may be helpful to learn about how use can affect other aspects of your life. Using alcohol and drugs can change everything from your bank account to your body. This can include anything from altered brain chemistry, health complications, infections, legal issues, financial problems, accidental injuries, and even death.

Understanding the full effects of abusing alcohol and drugs can change your life for the better. It's also important to talk about your drug or alcohol use with someone you trust, including a mental health professional or prescriber. That way they can help you to get help in stopping using alcohol and drugs or help you to use them in the safest way possible.

Let's explore some of the harmful effects that alcohol and drugs can have.

Brain Chemistry: Drugs and alcohol can change the way you feel by altering the chemicals that keep your brain working smoothly. When you first use drugs, your brain releases a chemical called dopamine that make you feel exhilarated. That feeling makes you want more of the drug. But over time, your mind gets used to that extra feeling of joy and you can't function without it. Your mood, personality, and even memory can change because of it.

Health Complications: Drug and alcohol use impacts all parts of your body. Substance use can lead to problems with your heart, like heart attacks. Injecting drugs can lead to heart infections and collapsed veins. Some drugs can affect your muscles, causing cramping and weak muscles. And using alcohol and drugs over a long period of time can damage your kidneys and liver.

Infections: You may forget to engage in safe sex practices when you are under the influence of drugs or alcohol. Having unprotected sex can increase your chance of getting a sexually transmitted disease. Sharing a needle used to inject certain drugs can also give you diseases like Hepatitis C, Hepatitis B, and HIV. You can also spread common colds and the flu by sharing pipes and bongs.

Legal Consequences: Drug and alcohol abuse not only has negative effects on your health but can also have legal consequences that you'll have to deal with for the rest of your life. Many employers require that you take a drug test before offering you a job. And many also randomly drug test their employees after hire. Refusing to give up drugs could lead to unemployment, which can lead to even more issues. Driving while under the influence of alcohol and drugs can also lead to legal consequences like a suspended license, big fines, and time in jail. You can also risk hurting someone else when you are driving under the influence.

Financial Problems: Drugs and alcohol are expensive, especially when you're using a lot and constantly. Substance abuse also impacts your productivity at work and in school. The time spent searching for, using, and recuperating from drugs can greatly impact your time at work. The legal issues associated with drug and alcohol use can also affect your bills as well. For example, you may find yourself struggling to pay for fines associated with tickets for driving under the influence, lawyer fees and increased car insurance rates.

Injuries from Alcohol and Drug Use: Alcohol and drug use can lead to an increase in physical injuries and accidents. This means car accidents or other types of accidents like falling or even death.

So now that you have learned about some of the potential consequences of using drugs and alcohol on your health and well-being, let's talk about how to deal with the times when you may feel pressured to use alcohol and other drugs. These are called refusal skills.

No matter how hard you try, you may find yourself in situations where you feel tempted to drink alcohol or use drugs. And resisting the pressure can be hard. People often have trouble resisting pressure because they may be afraid of being rejected, want to be liked, don't want to be made fun of, or don't want to hurt someone else's feelings. They may also be unsure of the situation and genuinely feel confused or not know how to get out of the situation. Don't get too upset about this. There are things you can do to help you stay safe in those situations and resist the urge. These are a set of skills called "refusal" skills. These are skills you can practice to say "no."

Blame someone else. Make an excuse and blame someone else. An example would be "I can't have a party and drink in my apartment because my neighbors don't like loud noise and will call the police."

Give a reason. It may be easier to say no if you give a reason. An example would be "I can't go out tonight and party because I have to get up early for work. I really need this job and don't want to jeopardize that."

Ignore the request or person. Try to ignore the temptation. Say a friend calls or texts and wants to party. Simply don't reply or screen calls from people that you know can be tempting.

Say "no thank you". Try to simply say no, thank you. A real friend will respect your desire not to use.

Say no and mean it. If you say no but then fall back on your word and end up doing things that you didn't want to do, try sticking to your word. This may be difficult but will get easier over time.

Leave the situation. You may sometimes find yourself in tempting situations. Have a plan. It can be helpful to go into these "unknown" situations with an exit plan. Make a plan for how you will leave the situation before you get there. That way, if you feel uncomfortable, you don't have to think about how you will leave the situation. You will be able to put your plan into action. For example, if you know that your friend likes to drink alcohol and drive and you find yourself in a situation with that person, you may want to make sure to bring your cell phone and cab fare with you so that you can safely leave if you feel uncomfortable getting in the car with him/her after he or she has had a few drinks.

Keep saying no. If you keep saying no when offered drugs or alcohol, your friends will eventually stop asking.

Make a joke out of it. Making light of the situation is sometimes one way of getting out of it. Here's an example. "I hate when I drink too much. I act funny and I don't remember it. I don't want to make a fool of myself."

Make an excuse. It may help to make an excuse when you want to refuse alcohol or drugs from someone. Say something like "I can't use drugs because my job can do a random drug test and I don't want to get caught so I'd better not."

Suggest something else to do. Make a suggestion about something else you can do instead of using alcohol or drugs. Here's an example. "Why don't we just go to a movie tonight instead of that party? I've had a long day and just want to unwind."

Change the subject. Changing the subject can be a quick way to get the topic off of using alcohol or drugs and onto something you feel more comfortable with. Your friend tells you that he has scored some really good weed and that you should try it. You reply with "Oh yea, so I went to this awesome new restaurant the other night. We should go try it sometime." Then you can see how quickly the conversation will change.

Team up with someone. Ever hear the phrase, “there’s safety in numbers”? Well, it’s true. If you know that you will be somewhere where there will be temptation to use alcohol and drugs and you want to stay sober, ask someone you know and trust to come with you to help you not use.

What are some other examples of these skills? Practice using these skills with the group using role play.

Lesson Five: The Impact of Substance Use on Your Health

Learning objectives:

1. Participants will learn about the effects of alcohol and drug use on both mental and physical health.
2. Participants will be given resources on how to find help for alcohol and drug use.

Check in with the group and make sure that everyone is comfortable with the group content and what happened in the last session.

Using alcohol and drug can make you feel good in the moment, but over time, it can have quite an impact on both your physical and mental health. We will explore this in today's lesson.

What are the other health consequences of drug addiction?

People with addiction often have one or more associated health issues, which could include lung or heart disease, stroke, cancer, or mental health conditions. Imaging scans, chest X-rays, and blood tests can show the damaging effects of long term drug use throughout the body.

For example, it is now well known that tobacco smoke can cause many cancers, methamphetamine can cause severe dental problems, known as "meth mouth" and that opioids can lead to overdose and death. In addition, some drugs, such as inhalants, may damage or destroy nerve cells, either in the brain or the peripheral nervous system (the nervous system outside the brain and spinal cord).

Drug use can also increase the risk of contracting infections. Human immunodeficiency virus (HIV) and hepatitis C (a serious liver disease) infection can occur from sharing injection equipment and from impaired judgment leading to unsafe sexual activity. Infection of the heart and its valves (endocarditis) and skin infection (cellulitis) can occur after exposure to bacteria by injection drug use. Addiction and HIV/AIDS are intertwined epidemics.

Does drug use cause mental disorders, or vice versa?

Drug use and mental illness often co-exist. In some cases, mental health conditions such as anxiety, depression, or schizophrenia may come before addiction; in other cases, drug use may trigger or worsen those mental health conditions, particularly in people with specific vulnerabilities. Some people with disorders like anxiety or depression may use drugs in an attempt to alleviate psychiatric symptoms, which may make symptoms worse in the long run, as well as increase the risk of developing addiction. Treatment for all conditions should happen concurrently. In other words, it is best to treat both substance use and mental health conditions simultaneously.

How can addiction harm other people?

The impact of addiction can be far-reaching:

- Cardiovascular disease
- Stroke
- Cancer
- HIV/AIDS
- Hepatitis B and C
- Lung disease
- Mental disorders

Beyond the harmful consequences for the person with the addiction, drug use can cause serious health problems for others. Some of the more severe consequences of addiction are:

- Negative effects of drug use while pregnant or breastfeeding: A mother's substance or medication use during pregnancy can cause her baby to go into withdrawal after it's born, which is called neonatal abstinence syndrome (NAS). Symptoms will differ depending on the substance used, but may include tremors, problems with sleeping and feeding, and even seizures. Some drug exposed children will have

developmental problems with behavior, attention, and thinking. Ongoing research is exploring if these effects on the brain and behavior extend to the teen years, causing continued developmental problems. In addition, some substances can make their way into a mother's breast milk. Scientists are still learning about long-term effects on a child who is exposed to drugs through breastfeeding.

- Negative effects of secondhand smoke: Secondhand tobacco smoke exposes bystanders to at least 250 chemicals that are known to be harmful, particularly to children. Involuntary exposure to secondhand smoke increases the risks of heart disease and lung cancer in people who have never smoked. Additionally, the known health risks of secondhand exposure to tobacco smoke raise questions about whether secondhand exposure to marijuana smoke poses similar risks. At this point, little research on this question has been conducted. However, a study found that some nonsmoking participants exposed for an hour to high-THC marijuana in an unventilated room reported mild effects of the drug, and another study showed positive urine tests in the hours directly following exposure. If you inhale secondhand marijuana smoke, it's unlikely you would fail a drug test, but it's possible.
- Increased spread of infectious diseases: Injection of drugs accounts for 1 in 10 cases of HIV. Injection drug use is also a major factor in the spread of Hepatitis C, and can be the cause of endocarditis and cellulitis. Injection drug use is not the only way that drug use contributes to the spread of infectious diseases. Drugs that are misused can cause intoxication, which hinders judgment and increases the chance of risky sexual behaviors.
- Increased risk of motor vehicle accidents: Use of illicit drugs or misuse of prescription drugs can make driving a car unsafe—just like driving after drinking alcohol. Drugged driving puts the driver, passengers, and others who share the road at risk. In 2016, almost 12 million people ages 16 or older reported driving under the influence of illicit drugs, including marijuana. After alcohol, marijuana is the drug most often linked to impaired driving. Research studies have shown negative effects of marijuana on drivers, including an increase in lane weaving, poor reaction time, and altered attention to the road.

Discussion questions:

1. Do you or someone you know struggle with substance use?
2. Do you or someone you know have serious medical conditions that have occurred because of use?
3. How has substance use impacted your life or the lives of someone you know?

It's important to encourage participants and for them to know that it's never too late for recovery. Someone shouldn't feel shamed or guilt because of their substance use or history of substance use. Reinforce the idea of recovery throughout this lesson and all lessons.

It's never too late to recover. People recover from alcohol or substance use and or their mental health conditions in their own ways. There is no prescription for what works and there is not one linear path to follow to recovery. Some people recover with the help of professionals and treatment centers, and others recover with the help of supports in the community. Others recover with a combination of both.

Think about your mental health recovery process. What brought you into PROS? What journey have you taken to recovery and who has helped you with your journey?

Ask participants to take a few minutes to think about these questions and discuss them with the group.

Do you or someone you know want help for an alcohol or substance use problem? Brainstorm with the group on ways that you or someone you know can get help.

There are many ways that people can get help for an alcohol or substance use problem. Here is a list of such resources. Keep in mind that each of these plays an important role in treatment but someone may not need to access all of these. [Resources for people who want to get help with alcohol or substance use:](#)

1. **Individual and group counseling:** Counseling can be provided individually or in a group. Individual counseling usually focuses on stopping use, skill building, building and following a recovery plan, and social, family, educational outcomes. Group counseling can be used to help someone provide social support while in the recovery process. It gives the individual the opportunity to learn and share with others in similar positions.
2. **Inpatient or residential treatment:** Treatment can be provided in inpatient and residential settings. This happens within specialty substance use disorder treatment facilities, facilities with a broader behavioral health focus, or by specialized units in hospitals. Longer-term residential treatment has a length of stay that can be as long as six to twelve months. These programs focus on helping people to change their behaviors in a highly structured setting. Shorter term residential treatment is much more common, and typically has a focus on detoxification as well as providing the initial intensive treatment, and preparation for a return to community-based settings.
3. **Intensive outpatient treatment and partial hospital programs:** An alternative to inpatient or residential treatment is partial hospitalization or intensive outpatient treatment. These programs have people attend very intensive and regular treatment sessions multiple times a week early in their treatment for an initial period. After completing partial hospitalization or intensive outpatient treatment, individuals often step down into regular outpatient treatment which meets less frequently and for fewer hours per week to help sustain their recovery.
4. **Case or care management:** Case or care management provides the individual with a care manager or case manager to help the person manage all of the supports in their life while they are on their recovery journey. They can help link the individual to community resources, like recovery supports and medical care, for example.
5. **Medication:** Using medication to treat substance use disorders is often referred to as Medication-Assisted Treatment (MAT). In this model, medication is used in combination with counseling and behavioral therapies. Medication can reduce the cravings and other symptoms associated with withdrawal from a substance. MAT has been primarily used for the treatment of opioid use disorder but is also used for alcohol use disorder. Medication can also be used to help treat tobacco use disorder.
6. **Recovery support services:** Recovery support services are non-clinical services that are used with treatment to support individuals in their recovery goals. These services are often provided by peers, or others who are already in recovery. Recovery support can include employment or educational supports, specialized living situations, peer to peer services, mentoring, or coaching, spiritual and faith-based support, parenting education, self-help and support groups, warm lines (peer-run listening lines staffed by people in recovery), and education about strategies to promote health and wellness.
7. **12-step fellowships:** These are groups like Narcotics Anonymous, Alcoholics Anonymous, Marijuana Anonymous, and Tobacco Anonymous. The basic premise of these groups is that people in recovery can help others in recovery to become abstinent by surrendering to a higher power.
8. **Peer supports:** Peers are a powerful and important part of the recovery process. Peers are individuals in recovery who can use their own experiences to help others working towards recovery. Peers promote hope and foster resiliency in the recovery process. Peers can also help someone to find and utilize natural supports in the community.

For information on where to find help for a substance use disorder, visit <https://www.samhsa.gov/find-help>. You can also speak to your PROS service provider for assistance in this area.

Lesson Six: Risks of Using alcohol and Other Substances to Relieve Pain

Learning objective:

1. Participants will learn about the risks associated with using substances to relieve physical and emotional pain.

Check in with the group and make sure that everyone is comfortable with the group content and what happened in the last session.

It's not uncommon that people have a "bad day". They may feel tired or stressed out, People may also have chronic health conditions that lead to chronic pain. Sometimes, that pain is more than physical. Pain can also be emotional. Emotional pain can include stress or negative feelings that are associated with experiences. Both emotional and physical pain can be difficult to manage and deal with.

Sometimes, people turn to alcohol or drugs to help relieve their physical or emotional pain, and according to research, alcohol does reduce pain in humans and in animals. Despite this, using alcohol to alleviate pain places people at risk for a number of harmful health consequences. So...what are the risks?

Mixing alcohol and pain medicine can be harmful.

- Mixing alcohol and acetaminophen (Tylenol) can cause acute liver failure.
- Mixing alcohol and aspirin increases the risk of gastric bleeding.
- Alcohol increases the pain relieving, and sedative effects of opiates, increasing the risk for combined misuse of alcohol and opiates as well as an overdose.

It's very important to talk to your doctor or pharmacist about any reactions that may result as a result of mixing medications with alcohol.

The greatest pain-reducing effects occur when alcohol is administered at doses exceeding guidelines for moderate daily alcohol use.

- Tolerance develops to alcohol's pain relieving effects so that it takes more alcohol to produce the same effects.
 - According to the Dietary Guidelines for Americans, drinking in moderation is defined as having no more than 1 drink per day for women and no more than 2 drinks per day for men.
- Increasing alcohol use to stay ahead of tolerance can lead to other problems, including the development of alcohol dependence.

Chronic alcohol drinking makes pain worse.

- Withdrawal from chronic alcohol use often increases pain sensitivity which could motivate some people to continue drinking or even increase their drinking to reverse withdrawal-related increases in pain.

If you use alcohol to relieve your pain, it is important to learn about the possible negative health effects. Ask your healthcare provider if any alcohol use is safe for you.

Some people may also use marijuana for pain relief, but there are risks associated with that as well. People who smoke marijuana on a daily basis over a period of time are at risk of developing serious medical issues. While the drug may work to help alleviate chronic pain, it can be doing a number on the body. Here are some examples:

- Memory problems: Some research suggests that chronic marijuana use can lead to significant memory problems.

- Cardiac conditions: Studies have shown significant increases in the heart rates of people who smoke marijuana on a regular basis. This can increase risk of a heart attack or other cardiac event.
- Breathing problems: Chronic marijuana use can lead to lung problems and breathing problems. It can also lead to the development of a chronic cough.
- Behavioral health problems: Some studies have shown that chronic marijuana use can lead to both an increase in general anxiety and social anxiety.
- Dental problems: Smoking marijuana can lead to gum disease and other dental problems.
- Smoking marijuana during pregnancy can also lead to increased problems with the child's memory.

Discussion Questions:

1. What are some of the negative effects that chronic use of drugs or alcohol can have on someone?
2. Why is it important to talk to your doctor or pharmacist if you are taking medication and using drugs or alcohol to relieve pain?
3. Who can you turn to for help if you have a problem with pain and feel like you want to use drugs or alcohol to help with the pain?
4. What is important to you? Think about what's most important in your life. In other words, explore your values and reflect on how using alcohol or drugs to relieve pain affects those values. Share this with the group.

It may be difficult to deal with physical pain but know that there are ways to find help that are safe and effective. Talk to your pharmacist or physician if you need help in this area. These people, as well as other supports in your life, can help you to manage pain without putting yourself in greater risk for further issues down the road.

Lesson Seven: The Relationship between Substance Use and Mental Health

Learning objectives:

1. Explore how mental health symptoms may be exacerbated by drug and alcohol use.
2. Explore alternative ways of dealing with mental health symptoms that do not include drugs or alcohol.

Check in with the group and make sure that everyone is comfortable with the group content and what happened in the last session.

It is not uncommon for people with mental health symptoms or a mental health diagnosis to sometimes turn to alcohol or substance use to help them to deal with the symptoms. Today's lesson will explore this. It will also explore how some mental health symptoms may actually get worse with substance use. Finally, we will explore alternative ways of dealing with symptoms.

Many people who have a substance use disorder also develop other mental health disorders, just as many people who are diagnosed with a mental illness are often diagnosed with a substance use disorder. For example, about half of people who experience a mental illness will also experience a substance use disorder at some point in their lives and vice versa.

According to the National Institute on Drug Abuse, mental illnesses can contribute to drug use and substance use disorders. Some mental health conditions have been identified as risk factors for developing a substance use disorder. For example, some research suggests that people with mental illness may use drugs or alcohol as a form of self-medication. In other words, people often use alcohol or drugs to ease the symptoms of a mental health disorder to cope with difficult emotions or to temporarily change their mood. Although some drugs may help with the symptoms of mental illness, sometimes this can also make the symptoms worse. Unfortunately, abusing substances causes side effects and in the long run often worsens the symptoms they initially helped to relieve. Additionally, when a person develops a mental illness, brain changes may enhance the rewarding effects of substances, predisposing the person to continue using the substance.

Discussion Questions:

1. What mental health symptoms do you experience when you are having a relapse? What has worked for you in the past when coping with those symptoms?
2. Have you experienced using alcohol or drugs to help you cope with your mental health symptoms? Share your experiences with the group.

Normalize the experience of using alcohol or other substances to help alleviate mental health symptoms. Allow the group to share their experience without passing judgement and let them know that there are alternative, healthier ways, ways of coping with symptoms.

Alternative Ways of Coping with Mental Health Symptoms

While it is not uncommon to try to use alcohol or other drugs to cope with mental health symptoms, there are alternative options. Some refer to these options as self-soothing. But before we discuss ways of dealing with symptoms, it's important first for us to identify which symptoms we experience.

This checklist includes the symptoms associated with feeling, mood, and trauma/abuse type symptoms. This list gives you a chance to pick out any mental health area that you may want to improve. As you review the list, you may see a way of thinking, feeling, or acting that has bothered you. You may find none, one, few, or more areas of concern. What and how many you choose is up to you. This is the first step to figuring out what you would like to improve. If there is a way of feeling or acting that is not on the list but concerns you, add it as well.

| | |
|---|--|
| Symptoms that affect a person's feelings and mood: symptoms of depression | |
| | Sad mood |
| | Eating too little or too much |
| | Sleeping too little or too much |
| | Feeling tired and low energy |
| | Feeling helpless, hopeless, worthless |
| | Feeling guilty for things that aren't your fault |
| | Suicidal thoughts or actions |
| | Trouble concentrating or making decisions |
| | Other: |
| Symptoms of anxiety | |
| | Feeling worried that something bad will happen much of the time |
| | Having fears about being harmed or killed |
| | Excessive worrying about your physical health, feeling like you might have a heart attack or faint |
| | Worrying that you're losing your mind |
| | Other: |
| Symptoms of mania | |
| | Feelings of extreme happiness or excitement |
| | Feeling irritable |
| | Feeling overly powerful that you take harmful risks |
| | Sleeping less |
| | Talking a lot |
| | Having racing thoughts |
| | Being easily distracted |
| | Being extremely active |
| | Making quick and poorly thought out decisions |
| | Other: |
| Symptoms associated with a history of trauma or abuse | |
| | Re-living the traumatic event in thoughts and feelings |
| | Flashbacks or nightmares |
| | Emotional numbness (being numb to both good and bad feelings) |
| | Avoiding situations that are associated with the traumatic event |
| | Being overly emotional: difficulty sleeping and concentrating, being easily irritated, being on guard and being overly sensitive |
| | Other: |

Identify the symptoms that concern you. Look at the boxes you've marked. Which symptoms have bothered you the most in the past month? List them.

1. _____
2. _____
3. _____

Discussion question: How do your symptoms affect the quality of your life? How would you better understand if there is a connection between your substance use and mental health problems?

It is important to talk about stress when discussing mental health symptoms. That's because an increase in stress can sometimes lead to an increase or recurrence of symptoms. What do you do to manage stress and deal with symptoms? Make a list of things you do to help you feel better when you are stressed or are experiencing symptoms. Some examples may include: going for a walk, talking with a friend, working out at the gym, taking a bath, etc.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Ask participants to share their answers with the group and use a white board or blackboard to record the answers. Review this list with the group and discuss how these can be used in place of alcohol or substance use when someone feels a trigger to use.

Lesson Eight: Types of Addiction & Self-Help Groups

Learning Objectives:

1. Participants will become informed of other types of addiction besides alcohol and illegal drugs
2. Participants will explore self-help groups as they relate to help in treating addiction.

Check in with the group and make sure that everyone is comfortable with the group content and what happened in the last session.

According to the Center on Addiction, approximately 16% of the US population ages 12 and over has a substance problem. This includes:

- Nicotine (about 9%)
- Alcohol (about 7%)
- Illegal drugs (about 2%)
- Prescription drugs (about 1%)

Note: The percentage of the population with each type substance problem adds to more than 16% because some people have more than one type.

Over half of those with a substance problem also use or have problems with another substance.

Among people with a substance problem, nearly 1 in 5 have multiple substance disorders.

- Nicotine: over 1 out of 5 people have another alcohol or drug problem
- Alcohol: nearly 1 out of 3 people also have a nicotine or other drug problem
- Illegal drugs: nearly 2 out of 3 people have another substance problem
- Prescription drug: nearly 3 out of 4 people have another substance problem

Other compulsive behaviors such as those related to gambling, food and sex, for example, may also be expressions of addiction.

Some research suggests that these types of “behavioral addictions” involve similar changes in the brain, common risk factors and behaviors. They also show common responses to certain type of treatment. These findings suggest the possibility that addiction may be one disease with different forms or expressions.

Facilitate a discussion with the group. Ask them what their experience has been with other addictions. Have they ever sought treatment for recovery from one of these types of addiction? If so, what was it, and what was their experience?

Self-Help Groups

Self-help, or mutual aid, groups are also called support groups. They are groups of people who provide support to each other and share a common problem. These groups exist for people with conditions like diabetes and heart conditions to people who are struggling with addiction. Some examples of self-help groups for other types of addiction include gamblers anonymous, nicotine anonymous, overeaters anonymous, and SMART recovery.

Ask the group to brainstorm why self-help groups may be helpful in someone’s recovery. Ask them to identify specific examples of what people can gain from participating in self-help groups. Write down the answers on a white board and discuss them with the group.

Here are some examples of the benefits of mutual aid groups:

1. *Increases someone's self-efficacy through regular attendance. This is the belief that people have the ability to achieve their goals. Regular attendance to self-help groups can help increase someone's belief that they can achieve their recovery goals.*
2. *Provides people with social contact. Being in recovery, especially early recovery, can be isolating so having regular contact with people who understand what you are going through can be helpful.*
3. *Decreases the odds of relapse. Attending group meetings, getting support from other members, and seeing for yourself that a sober lifestyle can be achieved over a long-term in spite of life stresses is inspiring to members.*
4. *Meetings are open to everyone. Self-help groups don't require any special preparation or knowledge to attend. They welcome anyone who is suffering and is in need of help. It doesn't matter if you have had a setback or relapse. Group members can come back and start again.*

Rate your preferences: What are the most important aspects of self-help groups for you in your recovery? Rate them in order of importance and discuss your preference with the group.

1. _____

2. _____

3. _____

Lesson Nine: Risky Substance Use

Learning objectives:

1. Participants will identify what risky substance use is and why it is dangerous behavior.

Check in with the group and make sure that everyone is comfortable with the group content and what happened in the last session.

What is risky substance use?

Risky substance use refers to using tobacco, alcohol or other drugs in ways that threaten the health and safety of the user, as well as others, but does not meet the clinical criteria for a substance problem.

According to the Center on Addiction, exceeding the National Institute on Alcohol Abuse and Alcoholism (NIAAA) guidelines for alcohol use are:

- Women: no more than 3 drinks on any day or 7 drinks in a week
- Men: no more than 4 drinks on any day or 14 drinks in a week
- No alcohol consumption for:
 - Persons under the age of 21
 - Pregnant women
 - Individuals taking prescription or over the counter medications that can interact with alcohol
 - Individuals with certain medical conditions such as liver disease or pancreatitis that may be negatively affected by alcohol use
 - Individuals who plan to drive, operate machinery or take part in other activities that require attention, skill or coordination; or in situations where impaired judgment could cause injury or death, like swimming.
 - Persons recovering from alcoholism or who cannot limit their drinking to low levels
- Misusing controlled prescription drugs
- Using illegal drugs
- Using tobacco or nicotine products

What is moderate drinking?

The Dietary Guidelines for Americans recommend that women do not drink more than one drink per day and men do not drink more than two drinks per day. This is called moderate drinking. Drinking more than this can increase your risk for certain health problems.

What is risky drinking?

The NIAAA defines risky drinking as:

- Women: more than 3 drinks on any day or 7 drinks in a week
- Men: more than 4 drinks on any day or 14 drinks in a week

Risky drinking increases your risk for alcohol problems.

What is binge drinking?

Binge drinking means drinking large amounts of alcohol to the point of legal intoxication. Binge drinking is defined as consuming roughly 5 or more drinks for men and 4 or more drinks for women, in short period of time (about 2 hours).

**The term risky substance use refers to people who use any nicotine, illegal drugs, misuse a prescription drug, drink more than moderately as defined by the Dietary Guidelines, or are one of the groups of people above who should not be drinking.

Now that we understand what risky behavior is, we can talk about why it can be dangerous behavior. Discuss your ideas with the rest of the group about why risky behavior is dangerous. How can risky use of alcohol and other drugs lead to problems for someone?

Lesson Ten: Facts about Co-Occurring Conditions

Learning objectives:

1. Participants will learn the definition of co-occurring conditions and the concept of integrated treatment.
2. Participants will identify who is in their support network and what their role in the individual's recovery is.

Check in with the group and make sure that everyone is comfortable with the group content and what happened in the last session.

The coexistence of both a mental health and substance use disorder is referred to as co-occurring disorders.

People with co-occurring disorders are best served through integrated treatment. With integrated treatment practitioners can address mental and substance use disorders at the same time, often lowering costs and creating better outcomes. Increasing awareness and building capacity in service systems are important in helping identify and treat co-occurring disorders. Early detection and treatment can improve treatment outcomes and the quality of life for those who need these services.

It may be helpful to go through a list of questions and answers about co-occurring disorders to better understand them.

- 1. What does co-occurring disorder mean?** The term co-occurring disorders refers to mental disorders that are independent of substance use but that occur at the same time with a substance use disorder. A person with co-occurring disorders has at least one mental health problem and one substance use problem. Many of those with co-occurring disorders have more than one mental illness and more than one substance use issue resulting in multiple life problems. Mental health problems can range from mild depression or anxiety, to illnesses such as schizophrenia or bipolar disorder. Substance use problems may range from abuse of alcohol or marijuana, to dependence on intravenous drugs such as heroin or methamphetamine.
- 2. How many people are affected with co-occurring disorders?** More than 10 million people in the US may have co-occurring mental health and substance use disorders. 3 million people with co-occurring disorders may have at least 3 disorders, and 1 million people with co-occurring disorders may have 4 or more disorders.
- 3. Which mental health conditions are likely to occur with a substance use disorder?** Any mental health condition can co-occur with any substance use disorder. Studies have shown, however, that people with certain mental health disorders are more likely to also have a substance use problem. 85-90% of those with Post-Traumatic Stress Disorder also have a substance use disorder. About 82% of those with Antisocial Personality Disorder misuse substances. Around 71% of people with Bipolar Disorder use substances. About 50% of people with Schizophrenia also use substances. Adolescents who have Conduct Disorder, Oppositional Defiant Disorder, or Attention Deficit Disorder are up to 7 times more likely to have a substance use disorder than those without these disorders. Adolescents with depression are 4 times as likely to use substances. Adolescents with anxiety are twice as likely to use substances compared to adolescents without anxiety.
- 4. If I have a mental health AND a substance use disorder, which one gets treated first?** Neither...or both, depending on how you think about it. For people with co-occurring disorders, treatment for mental health and substance use issues should happen at the same time. This simultaneous treatment is referred to as integrated treatment. Truly integrated treatment involves treating both (or all) of the disorders as if they were different parts of one disorder, just as they are components of one person. Integrated treatment focuses on the interaction between or among the disorders. Co-occurring disorders are sometimes treated in either a sequential or parallel manner. Sequential treatment means that you receive either mental

health or substance use treatment first, followed by treatment for the other issue. Parallel treatment means that the mental health and substance use disorders are treated at the same time, but separately. There are many problems with sequential and parallel treatment, including mixed messages from different treatment providers. This often leaves you to figure out for yourself what to do. That's why integrated treatment is the recommended model!

- 5. If I get treatment for one disorder, will the other one go away?** No. You need treatment for both (or all) of the disorders, and at the same time. For example, let's say you're depressed and you use cocaine as a way to cope with depression. It's likely that you have become addicted to cocaine. If you stop using cocaine, the depression won't go away because it was there in the beginning. If you tried to get treatment for the depression, but continued to use, you'd likely not learn any new skills for coping. Why would you? Your old coping skills is probably still working, and working much more quickly than any new skills or medication would work. In the end, you'd still be depressed and addicted. Another example: say you've been drinking for years now, and the drinking has caused chemical changes in your brain, created legal and financial trouble, and led to a divorce. These events have caused you a great amount of anxiety, and you find you're having panic attacks quite often. If you quit drinking but still have panic attacks, how long do you think you'll stay sober? Probably not long; you'll likely go back to drinking because of the discomfort of the panic disorder. The bottom line is that if you have co-occurring disorders, you need treatment that addresses all of your issues simultaneously, or your chances of recovery are greatly reduced.

What are the most important aspects of dealing with co-occurring disorders for you? Who is in your support network and how will you ask them to help you work towards your recovery goal? Record your answers and keep them with you as a reminder of who you can turn to.

Name: _____

How will they help? _____

Name: _____

How will they help? _____

Name: _____

How will they help? _____

Name: _____

How will they help? _____

What questions do you have about co-occurring disorders? *Use a flip chart or white board and create a list. Be sure to consult with someone who will have the answers to any questions you are unable to answer for the group.*

Lesson Eleven: Frequently Asked Questions about Alcohol and Drugs

Learning objectives:

1. Participants will get answers to frequently asked questions about alcohol and drugs.
2. Participants will check the knowledge of what they have learned in the group to date.

Check in with the group and make sure that everyone is comfortable with the group content and what happened in the last session.

The group is drawing to a close. In fact, we only have two lessons left! Because of that, today's lesson will focus on answering frequently asked questions about alcohol and substance use.

1. **Can alcoholism and drug addiction be treated?** Yes! Alcoholism and addiction treatment programs can help someone stop drinking and using drugs. Treatment has helped millions of people stop drinking and drugging, rebuild their lives and live a life in long-term recovery. Many self-help groups, such as Alcoholics Anonymous or Narcotics Anonymous are also available, as are programs providing help and support for the family and friends of addicts and alcoholics.
2. **Is it true that if someone is forced into treatment that it won't work?** Treatment does not have to be voluntary for it to be successful. Because of the effect of alcohol and drugs on the person, there are times when they may be incapable of making a decision to seek help on their own. People who are pressured into treatment by their family or friends, employer or a judge are just as likely to benefit from treatment as those who enter on their own.
3. **Are women more at risk for developing addiction?** While addiction is an equal opportunity disease, it affects women differently. Women become addicted differently, start using for different reasons, progress faster, recover differently, and relapse for different reasons. The female body processes alcohol, and to a varying extent other chemicals, differently than does the male body. Women have less of a stomach enzyme that breaks down alcohol. This leads to greater blood alcohol concentration. Women also have more fatty tissue than men, so alcohol is exposed to higher concentrations for longer periods. That's why one drink for a woman is said to have twice the physical impact as one drink for a man.
4. **Is it true that older adults are more likely to have more than one substance abuse problem?** Older people commonly abuse benzodiazepines like Valium and Xanax. They seem to be commonly taken in combination with other substances like alcohol or prescription opiates. A major problem, as people get older, is that they seem to be less able to handle alcohol. For older people, less alcohol causes greater intoxication while complicating secondary medical conditions. It can be very dangerous to combine alcohol and prescription drugs.
5. **Is there any point in trying again if you or a loved one relapses after treatment?** For some, long-term recovery from addiction to alcohol or drugs may start after their first self-help meeting or with the first time they go into treatment. But, like other chronic illnesses, recovery from addiction requires a life-long commitment to a program of change. For some, relapse back to active use of alcohol or drugs may play a critical role in guiding them toward a rededication to their recovery. Relapse can be a signal to get back on track, either by returning to meetings, treatment or adjusting the treatment approach.
6. **Why is alcohol so problematic for older people?** In older adults, even small amounts of alcohol can have serious consequences. While alcohol consumption can have physical and psychological benefits for older adults, it can also create danger by causing or complicating medical conditions, producing unsafe medication interactions, and increasing falls, confusion, depression, and premature mortality.
7. **Do women have a unique set of needs as they seek treatment for alcoholism and drug dependence?** Many life circumstances predominate in women as a group, which may require a specialized treatment approach. For example, research has shown that physical and sexual trauma followed by Post-traumatic

stress disorder (PTSD) is more common in drug-abusing women than in men seeking treatment. Other factors unique to women that can influence the treatment process include issues around how they come into treatment (as women are more likely than men to seek the assistance of a general or mental health practitioner), financial independence, and pregnancy and child care.

- 8. Are the signs of addiction often mistaken for age-related problems in the elderly population?** Often the symptoms of alcohol and drug abuse are mistaken for symptoms of dementia, depression or other issues or problems. Alcohol problems in older adults are often not identified due to the relative isolation of this population; many older adults do not drive and are not employed, which are two arenas where alcohol problems are often identified. Also, older adults and their families are more likely to hide their substance use and less likely to seek help than younger adults. What's most helpful is getting the family educated about the red flags and warning signs of alcohol and drug use in seniors.
- 9. Why do some people react differently to alcohol than others?** Individual reactions to alcohol vary, and are influenced by many factors, such as: age, sex, race or ethnicity, physical condition (weight, fitness level), amount of food consumed before drinking, how quickly the alcohol was consumed, use of drugs or prescription medications, family history of alcohol problems.
- 10. How do I know if I have a problem with alcohol or drugs?** Alcohol and drug use is a problem if it causes trouble in your relationships, in school, in social activities, or in how you think and feel. If you are concerned that either you or someone you know might have a problem, consult your personal health care provider.
- 11. Is there a cure for addiction?** Those who are addicted to drugs or alcohol and have been able to stop through an active participation in a plan of recovery consider themselves to be recovering. This means that while they do not currently drink or use drugs they will always be susceptible to alcohol or drugs and will need to make significant lifestyle changes in order to continue to reinforce their new lifestyle. Addiction has such a profound effect on the individual that even when they no longer use or drink, their previous experiences have left a lasting impact on the way they view themselves and the world around them. People who are addicted to drugs or alcohol don't consider themselves cured, but they do consider themselves to be recovering!

Is there something specific that you would like information on? Share it with the group.

Ask participants to share anything they would like to know further about with the group. This is also a good time to ask participants if there is any other topic that they would have liked to discuss in the group context. Try to address the topics that are raised and be sure to try to include them in the group the next round of facilitation.

Test Your Knowledge: You've learned a lot in this group so far! Let's go through the following questions to test your knowledge. It's okay if you're not sure of the answer. We will review and discuss them together.

Directions: Mark the following statements as TRUE or FALSE.

- 1. Addiction is a disease that cannot be treated.**
- 2. Someone who has both a mental health condition and substance use disorder is said to have co-occurring disorders.**
- 3. Mixing alcohol with prescription drugs can never be dangerous.**
- 4. Substance use can impact someone's physical and mental health.**
- 5. Substance use is considered problematic when it affects aspects of someone's life like their ability to keep a job and interact with friends and family.**
- 6. People who have a stable home and job life cannot become addicted to drugs or alcohol.**

- 7. There are many paths that people can take as they work towards recovery and self-help or 12-step groups are one of them.**
- 8. People can become addicted to things like gambling and nicotine in addition to drugs like narcotics and marijuana.**
- 9. Risky substance use refers to using tobacco, alcohol or other drugs in ways that threaten the health and safety of the user, as well as others.**
- 10. You will never be successful at stopping using alcohol or other substances if you aren't successful the first time.**

Lesson Twelve: Recovery is Possible and Identifying People Who Can Help

Learning objectives:

1. Participants will learn the principle that recovery is possible and that there are many paths to recovery.
2. Participants will identify who they can turn to when seeking help with a co-occurring disorder.

Check in with the group and make sure that everyone is comfortable with the group content and what happened in the last session.

What does recovery mean to you? *Use a flip chart and markers or a dry erase board and ask the group to brainstorm what recovery means to them. There are no right or wrong answers. Everyone's recovery is individualized and personal for that person.*

Review SAMHSA's working definition of recovery with the group. Go through the four dimensions that support a life in recovery with participants and ask them to share their own personal stories of recovery.

According to the Substance Abuse and Mental Health Services Administration, SAMHSA, the working definition of recovery from mental disorders and/or substance use disorders is "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery.

Health: overcoming your disease or symptoms. For example, not using alcohol or drugs and making informed, healthy choices that support physical and emotional well-being.

Home: a stable place to live

Purpose: meaningful daily activities like a job, school, volunteerism, family caretaking or creative endeavors and the independence, income and resources to participate in society.

Community: relationships and social networks that provide support, friendship, love and hope.

Review the 10 guiding principles of recovery with participants.

Below are the 10 guiding principles of recovery. Let's read through them and discuss them as a group. Think about how these principles guide your personal journey to recovery as we read through them.

Recovery emerges from hope. The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven. Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways. Individuals are unique with distinct needs, preferences, goals, culture, and backgrounds-including trauma experience-that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment, use of medications, support from families and in schools, faith-based approaches, peer support and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment.

Recovery is holistic. Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies. Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths.

Recovery is holistic. Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.

How to Get Help for a Co-occurring condition

Who are the people that can help you get the care and treatment you need and want? Make a list of five people that you can go to and ask for help. What will their role be? Be sure to write down the person's name AND their role.

1. _____
2. _____
3. _____
4. _____
5. _____

For information on where to find help for a substance use disorder, visit <https://www.samhsa.gov/find-help>. You can also speak to your PROS service provider for assistance in this area.

Resources

Addiction is a disease not a moral failure video <https://www.samhsa.gov/capt/tools-learning-resources/addiction-as-disease-not-moral-failure>

Alcohol facts and statistics <https://pubs.niaaa.nih.gov/publications/AlcoholFacts&Stats/AlcoholFacts&Stats.htm>

Beyond hangovers: understanding alcohol's impact on your health
<https://pubs.niaaa.nih.gov/publications/Hangovers/beyondHangovers.pdf>

Co-occurring disorders <https://www.samhsa.gov/disorders/co-occurring>

Co-occurring disorders FAQ https://www.centerpointe.org/get_info/faq.html

Consequences of alcohol use <https://drugabuse.com/drug-alcohol-effects/>

Effects of risky drinking, tobacco and drug use <https://www.centeronaddiction.org/addiction/effects-of-risky-substance-use>

Facts about drugs <https://www.ncadd.org/about-addiction/faq/facts-about-drugs>

Facts on drugs: <http://headsip.scholastic.com/teachers/facts-on-drugs-teen-guide-to-making-smart-decisions>

FAQ about alcohol and drugs <https://www.ncadd.org/about-addiction/faq/frequently-asked-questions-and-facts-about-alcohol-and-drugs>

Harmful interactions: mixing alcohol with medicine
https://pubs.niaaa.nih.gov/publications/Medicine/Harmful_Interactions.pdf

Health effects of marijuana use <https://americanaddictioncenters.org/marijuana-rehab/long-term-effects/>

Making good decisions: Drugs and alcohol report <http://fclainc.org/pdf/Making%20Good%20Decisions.pdf>

Recovery definition <https://www.ncadd.org/people-in-recovery/recovery-definition>

Recovery happens <https://www.ncadd.org/blogs/recovery-happens>

Refusal skills <https://quizlet.com/24091528/12-refusal-skills-flash-cards/>

Substance use disorder treatment options <https://www.samhsa.gov/treatment/substance-use-disorders>

Ten Myths about addiction <https://www.phoenixhouse.org/news-and-views/our-perspectives/ten-popular-myths-drugs-addiction-recovery/>

The relationship between mental illness and drug abuse
<https://drugabuse.com/library/mental-health-and-drug-abuse/#the-relationship-between-mental-illness-and-drug-abuse>

Types of Addiction <https://www.centeronaddiction.org/addiction/types-of-addiction>

Using alcohol to relieve pain. What are the risks?
<https://pubs.niaaa.nih.gov/publications/PainFactsheet/painFact.htm>

What is risky substance use? <https://www.centeronaddiction.org/addiction/risky-substance-abuse>