

CLIENT WORKBOOK

Substance Use and Brain Injury



Second Edition

SUBI Project Team First Edition (2007)

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Foreword to the Second Edition

We know from our experience and from research that problems with substance use and brain injury often go together. However, brain injury rehabilitation programs and services to address substance use are often in separate places, creating a gap in services. This workbook was originally created to help people living with brain injury and those who work with them to bridge that gap.

We also know that people heal best from brain injury when they avoid the use of alcohol and other non-prescribed drugs. While that is the best advice we can offer, decisions about substance use rest with the person who uses them. Reducing harm that comes with substance use is very important, whether it is the first or the only step taken in the journey to better health.

Much of the content from the original SUBI workbook is retained. The overall structure has been modified to better accommodate people who may not be ready to commit to change in their substance use behavior in the short term. Our goal is to make all of the information about the effects of substance use available to everyone. It does not matter how someone is currently feeling about their own substance use. No one should feel excluded from this conversation, nor should they feel pressure to do something they are not ready to do.

Introduction

This workbook was created for people who are living with the effects of a brain injury and are wondering how their substance use may be affecting them.

The original workbook and the second edition were designed by a partnership of people at Community Head Injury Resource Services of Toronto (CHIRS) and the Centre for Addiction and Mental Health (CAMH). To get the most out of this workbook we strongly recommend that clients review it with a trusted person who is familiar with addictions and/or is helping people after brain injury.

If you do not have a particular expertise in the area of brain injury or substance use disorders, you are strongly encouraged to get consultation from a professional who can provide support and guidance.

This workbook is designed to be a resource for these groups:

- People living with the effects of brain injury who thinking about the effects of substance use on their quality of life and health. The multiple choice and checklist format of check-ins is designed to facilitate self-reflection for people whose cognitive difficulties make answering open-ended questions difficult.
- Providers with little experience in substance use should find enough information and examples in each chapter to have meaningful conversations with their clients about substance use and its effects. However, the workbook is not intended to be a replacement for consultation with substance use professionals.
- Providers with little experience in acquired brain injury should find that the structured, written presentation and concrete examples will help clients to compensate for memory impairments and other cognitive difficulties. However, consultation with an acquired brain injury provider is strongly recommended. A good place to start is with your state or local brain injury program.

How to Use This Workbook

This workbook can be used to start a conversation about substance use or for handouts in group settings. Each chapter is organized into the following sections to make the workbook easy to follow:

- Goals
- Information
- Check-in (self-assessment)
- Worksheet
- Planning tools

To make the content easy to understand, conversations using the workbook should begin with a review of the goals, followed by the presentation of information, Check-in (self-assessment) and when appropriate, personal goal setting. In most chapters, information is brief enough that it can be reviewed in a single session. However, there are some topic areas that are more complex and may take several sessions to review.

The Check-ins are intended to encourage people to reflect on their own experiences. Worksheets and plans are provided to support the process of applying the new information and creating a plan of action that makes sense.

The order of the chapters provides a logical sequence for the introduction of information. This order can be altered to fit the needs of a particular client or the structure of the program in which it is being used.

Please note that not all chapters contain all sections. Worksheets can be taken out of the workbook and used as handouts for groups.

Introduction to Substance Use and Brain Injury

Is my substance use really a problem?

This is a hard question to answer, particularly for a person who has had a brain injury. We have reviewed available information about the effects of alcohol and brain injury. We have concluded that it is not safe to use alcohol in any amount after brain injury, even though safe use guidelines do exist.

Unfortunately, there is relatively little information about the particular effects of other substances after brain injury. Safe use guidelines for cannabis are still being developed for the general population. There are also no safe use guidelines for illegal substances. There is no clear agreement about how other substances, including cannabis, affect people after brain injury. We believe that a high degree of caution is needed.

There are many reasons why it is considered unsafe to use illegal drugs. There is a risk of getting arrested. People who sell drugs are not regulated by law, so people who buy them are at risk for being the victims of crime. Some illegal drugs are a great risk for causing further brain injury. Taking more of your prescription drugs than your doctor prescribes is also dangerous. Medical complications, including further brain injury, can happen.

We firmly believe that if you have had a brain injury, there are risks that come with drinking alcohol in any amount. We also believe that it is not safe to use illegal drugs, and it is not safe to take more than the prescribed dose of your medications.

These are signs that it might be time to ask for help. Do these apply to you?

- You have tried to cut back or stop using substances on your own but somehow you keep on using
- Someone around you is very worried about your use of alcohol or drugs
- You worry about your use of alcohol or drugs
- You have had legal, financial, or relationship problems that are related to your use of alcohol or drugs



Eight reasons why many people choose to avoid substance use after brain injury.

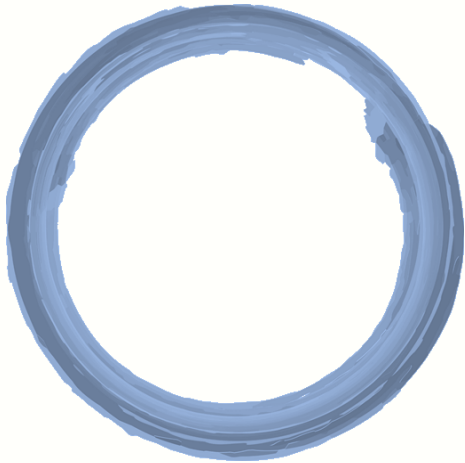
Your brain health and the ability to recover from brain injury are probably very important to you. Here are the reasons that the Ohio Valley Center gives for not using drugs or alcohol after a brain injury:

- 1. People who use alcohol or other drugs after their injury do not recover as well as those who do not.** After brain injury some neurons (brain cells) are killed. Sometimes connections between neurons are disrupted as well. Recovery is the process of rebuilding connections between brain cells. Unfortunately, the body cannot make new brain cells. Being intoxicated (drunk) means that functioning of your brain cells has been disrupted. This makes it more difficult to heal from your injury.
- 2. Problems with balance, walking, and talking are made worse by alcohol and drugs.** Alcohol and drugs can cause falls and/or difficulty in speaking, even in those without brain injury. After a brain injury, problems with balance and speech caused by the injury itself can make these problems worse.
- 3. People who have had a brain injury sometimes say and do things without thinking them through.** This problem is made worse by drugs and alcohol. One of the functions of your brain is to stop you from acting on bad ideas. That function is turned off when you are using substances. This can result in doing and saying things that you regret later.
- 4. Brain injuries can make it more difficult to pay attention, remember new information, and think things through clearly. Drugs and alcohol interfere with all of these mental abilities.** Many people find that after brain injury they have to relearn some of the skills they once had. It is common to have problems finding the right word, concentrating, solving problems, and making use of other thinking skills. Adding alcohol and drugs to these problems makes it even harder to get things done.
- 5. After a person has had a brain injury, they generally find that alcohol and other drugs have a more powerful effect.** After a brain injury, the brain is more sensitive to alcohol and drugs. No matter what a person's ability to handle alcohol and drugs was before their injury, it is reduced after injury. Alcohol and drugs can also interfere with any prescribed medications.

- 6. After a brain injury it is common to have times when a person feels down or depressed. Drinking and using drugs can make depression worse.** After a brain injury there are a lot of changes and challenges that make life more difficult. That can be a cause for feeling down. The effects of a brain injury itself can cause a depressed mood. That may be one reason why some people turn to alcohol or drugs to feel relaxed and happier. That may be true in the short run. Eventually, things usually get worse. Alcohol acts as a depressant in the brain. That will make you more depressed.
- 7. Drinking and using drugs can increase the likelihood of having a seizure.** About 5% of people with a brain injury go on to have trouble with seizures. Seizures are serious and can cause further brain damage or injury. That is why doctors take great care to help their patients prevent having seizures. Many people are prescribed drugs to prevent seizures after they have had a brain injury. It is very dangerous to mix alcohol and other drugs with these medications. Taking yourself off prescribed drugs so that you can drink is also very dangerous. Talk to your doctor and get the facts.
- 8. Using drugs or alcohol after a brain injury increases your risk of having another brain injury.** After you have had one injury, your chances of having another brain injury are much greater. Brain injuries can cause people to have more accidents because of changes in their balance, coordination, and judgment. Alcohol and drugs only make these difficulties worse.

Congratulations on deciding to seek more information on the effect of substance use on acquired brain injury. Going through the information in this workbook will help you learn more about your substance use. You will also find strategies to help you manage difficulties that may happen during your recovery. You will find information about how to pursue a healthy lifestyle. Remember that one book will not give you all the answers. It is important to find people who you trust to help you.





Part 1: Is My Substance Use Something to Worry About?

There are different paths that lead a person to look at the way they use alcohol and other drugs. One person is curious how substance use might cause problems. Another person may get advice from the doctor about cutting back or stopping. Someone

else may get a warning from a partner or family member that their relationship is in trouble because of drugs or alcohol. Another person might have legal trouble because of something that happened while drunk or stoned.

It does not matter why you are reading this book. We want you to know that thinking about your substance use is difficult but the rewards are big. This is true even if you do not decide to act right away. You – and those you trust – are in the best position to decide what you should do about your substance use and when the time is right to act.

The first part of the workbook is to help you think about all the things connected to substance use that are happening in your life right now. The information and activities that follow give you all the information you need to make informed choices about what is best for you. The second part of the workbook gives you information and resources about how to set a substance use goal. Getting organized will help you succeed in meeting your goal. The third part includes tools that you can use to help you along your path.

We believe that you deserve all the support that you can get, whatever path you choose. Our sincere belief is that no one really does anything big totally by themselves. The idea that anyone can do it alone when tackling something important is a myth. It can be hard to know who you can and should depend on for support. That is why we will start with an exercise to help you build a team of people that can support you in making progress on whatever goals you choose to pursue – whether they are substance-use related or general life goals. No matter what challenges you might be facing, the feedback and guidance from a trusted support network is important.



Chapter 1: Building a Support Network

Tackling something big in your life may feel impossible if you try to do it alone. It can also be hard to find the right people to help you along the way. Step one on any important journey is figuring out who will be going with you.

Here is an exercise to identify and further expand your support network.

You might be feeling alone now because some of your relationships have changed. Often the people you see most are the ones who you spend time with to drink or use drugs. They may be friendly, but they might not really think about what is best for you. Professionals like doctors or counselors who support you is a great start, but their time is limited.

That is why it is important to think about getting support from different places.

What kinds of social support should you look for?

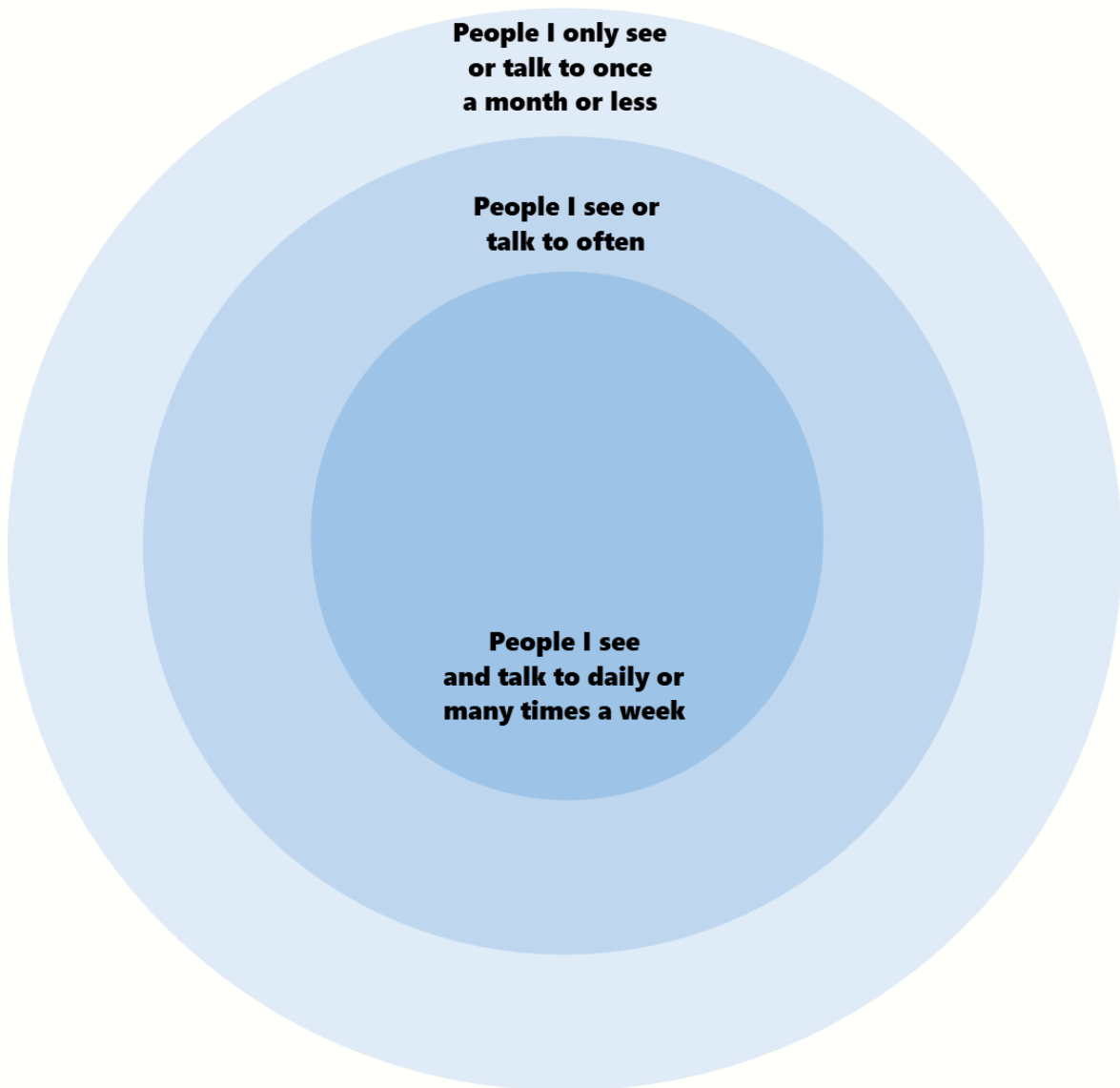
- Emotional** Someone who will listen to you, that you can talk to about feelings
- Moral** Someone who will encourage you
- Practical** Someone you can ask for help with daily tasks, like transportation
- Mentorship** Someone you can look to for guidance and instruction
- Recreational** Someone you can have fun with

Check-In: Who Is in Your Life Right Now?



By completing this exercise, you will get an idea of how everyone you know fits into your life. When you identify and label everyone, you will be able to see more clearly who might best help you in your recovery.

1. Write the **names** of people on the circle based on how often you see them.
2. **Circle** the names of people who are now or could be supportive.
3. Write an **X** by the names of people who are not supportive, or who might be harmful.
4. **Try** to move the unhelpful people away from the center.
5. **Plan** to move the helpful people closer.



Worksheet: Building a Support Network



Complete the sections below. Refer to the list above to help you think of your unmet support needs. For example, if you would like to start playing baseball again and have no one to take you, write that down. Then think of someone who could take you there and even play. Next, plan how you will contact that person. Look at the circle on the previous page to get ideas of who you could contact and who you should not contact.

What do I need support with?

Who can I ask?

What is my plan?

Chapter 2: What Everyone Needs to Know About the Effects of Substance Use

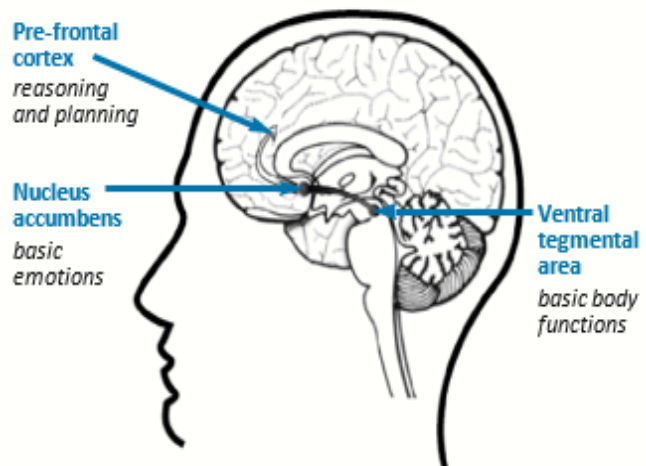


One thing to notice is that substance use can sometimes harm a person’s health. To make good decisions, it is important to have accurate information about the health effects of any substance you are using now. We suggest that you review the following information with a highlighter and mark the details that are next to the substances you are currently using. After you do this, there is an exercise at the end of this chapter to help you summarize the most relevant information.

Why it feels like you cannot live without drugs or alcohol

Our brains make signals in a certain way. When we do something that gives us pleasure, we tend to want to do it again. That is what drives us to do things that help us survive — like eating, for example. Drugs used to get high will change how the natural chemicals work in the brain’s pleasure center. This change tricks you into thinking that the drug is something you need for survival. The changes in brain chemistry that drugs cause last much longer than the high experienced. That can cause serious long-term problems, including withdrawal symptoms and brain damage.

This is a picture of the reward circuit in the brain. The most important thing to notice is that the reward circuit has strong connections to the part of your brain that is responsible for basic emotions (the nucleus accumbens) and the part of your brain that regulates basic body functions (the ventral tegmental area). One of the reasons that addictive drugs have such a strong effect is that they act on the part of the brain that oversees basic survival instincts.



Reward Circuit

In some ways drugs “highjack” our natural reward system. When the urge to use the drug is strong enough, part of the brain can override the part that oversees reasoning and planning (pre-frontal cortex). Drugs can make the problem of being impulsive (acting without thinking) worse.

This is also why people spend a lot of time and energy getting the drug they use for a short-term high, even though it causes problems eventually. Some drugs have the effect of creating a strong urge to seek out the drug, even though the person using the drug may be fully aware of the negative effects eventually.

What do drugs and alcohol do to your body and your brain?

Stimulants (like cocaine) speed up bodily functions. Depressants (like alcohol) slow down body functions. Some substances change your thinking. This makes it harder to tell the difference between reality, thoughts, and images that come from the brain itself.

When we add chemicals to our bodies and brains, our bodies do their best to restore our natural balance. This causes tolerance (needing more chemicals to get the effects of the drug). Often this results in less of the effect that is pleasurable (feeling energetic, confident, relaxed, or happy) and more sensitivity to the side effects (like anxiety, feeling paranoid, and having a pounding heart).

What can be very confusing is that some drugs, particularly stimulants, create a strong urge or desire, which makes seeking the drug feel necessary, important, or even pleasurable, even while a person is becoming more sensitive to the side effects. A person can develop stronger and stronger urges to use substances, and continue to use them, even though they are fully aware that results of using the drug have become disappointing or even uncomfortable. For some people, it is the wanting, not the actual liking of a drug that makes changing drug use so hard to do.

Other drugs have pleasant effects (like opioids), but they may change how you experience other pleasures in life. This can cause a withdrawal that makes a person keep using just to feel normal. These are ways that substance use can be confusing and can make a person feel out of control.

The following table show the effects of common drugs. These effects may change as the result of how they are used (smoked, eaten, injected, or snorted). As you read the information on the following chart, compare what you read to your experiences. You might want to make notes about what you have learned by experience. It is important to consider your own situation, including your brain injury, as you compare.

For a more complete list, visit the Substance Abuse and Mental Health Administration (SAMHSA) website: <https://www.samhsa.gov/>

Opioids/Opiates			
Name	Common Names	What They Do	Problems They Cause
Fentanyl (duragesic)	<ul style="list-style-type: none"> ○ Apache ○ China Girl ○ China Town ○ China White ○ Murder 8 ○ Jackpot ○ Poison ○ TNT ○ Tango/Cash 	<ul style="list-style-type: none"> ● Pain relief ● Feeling of well-being 	<ul style="list-style-type: none"> ● Drowsiness ● Constipation ● 100 times stronger than morphine ● Very dangerous if misused ● <i>Small amount causes overdose/death *</i>
Tylenol with codeine Cough syrup with codeine Talwin	<ul style="list-style-type: none"> ○ Cody ○ Schoolboy 	<ul style="list-style-type: none"> ● Pain relief ● Feeling of well-being 	<ul style="list-style-type: none"> ● Drowsiness/nausea ● Constipation ● Slows breathing ● Stopped breathing ● <i>Coma, Death</i>
Oxycodone/Vicodin Oxycontin	<ul style="list-style-type: none"> ○ TNT ○ Tango ○ Cash 	<ul style="list-style-type: none"> ● Pain relief ● Feeling of well-being 	Same as above plus: <ul style="list-style-type: none"> ● Withdrawal ● Diarrhea ● Nausea
Morphine	<ul style="list-style-type: none"> ○ M ○ Morph ○ Monkey ○ Ms. Emma 	<ul style="list-style-type: none"> ● Pain relief ● Feeling of well-being 	<ul style="list-style-type: none"> ● Dangerous in large amounts, when taken with depressants (alcohol, benzodiazepines) ● Slow breathing ● Bluish skin ● <i>Coma, Death</i>
Heroin	<ul style="list-style-type: none"> ○ H ○ Dope ○ Horse ○ Junk ○ Smack 	<ul style="list-style-type: none"> ● Pain relief ● Feeling of well-being 	<ul style="list-style-type: none"> ● Increased risk for HIV with IV use ● Hepatitis risk
Opium	<ul style="list-style-type: none"> ○ Block ○ Gum ○ Hop 	<ul style="list-style-type: none"> ● Pain relief ● Feeling of well-being 	<ul style="list-style-type: none"> ● Body damage ● Collapsed veins ● Health problems caused by contaminants

***Fentanyl:** dangerous and responsible for many overdose deaths across North America. Found in other substances where it is not expected to be. Often impossible to tell if a powder or pill contains fentanyl. Cannot be seen, smelled, or tasted. Even trusted dealers might not know the strength or the content they are selling. The difference between a dose leading to a high and a dose leading to death is very small (source: camh.ca).

Cannabinoids

Name	Common Names	What They Do	Problems They Cause
<p>Marijuana Hash <i>Active Ingredient:</i> Tetrahydrocannabinol (THC)</p>	<ul style="list-style-type: none"> ○ Blunt ○ Dope ○ Grass ○ Hash ○ Hemp ○ Joint ○ Pot 	Imitates a pleasure chemical in the brain	<ul style="list-style-type: none"> ● Slow thinking ● Loss of motivation ● Poor balance ● Poor coordination ● Poor memory ● Poor learning ● Anxiety ● Panic attacks ● Fast heart rate ● Cough ● Increased risk for psychotic episodes

Hallucinogens

Name	Common Names	What They Do	Problems They Cause
<p>LSD</p>	<ul style="list-style-type: none"> ○ Acid ○ Blotter ○ Boomers ○ Cubes ○ Microdot 	Change in thinking and perception	<ul style="list-style-type: none"> ● Nausea ● Flashbacks ● Increased body temperature ● Fast heartrate ● Poor appetite ● Trouble sleeping ● Weakness ● Tremors ● Altered thinking might continue after the drug has worn off
<p>Mescaline</p>	<ul style="list-style-type: none"> ○ Buttons ○ Cactus ○ Mesc ○ Peyote 	Change in thinking and perception	<ul style="list-style-type: none"> ● Severe withdrawal that includes the above list and diarrhea, nausea
<p>Psilocybin</p>	<ul style="list-style-type: none"> ○ Magic Mushroom ○ Shrooms ○ Purple Passion 	Change in thinking and perception	<ul style="list-style-type: none"> ● Anxiety

Depressants

Name	Common Names	What They Do	Problems They Cause
<p>Barbiturates</p> <p>Amytal Phenobarbital</p>	<ul style="list-style-type: none"> ○ Downers ○ Reds ○ Red birds ○ Phennies ○ Yellows ○ Yellow jackets 	<ul style="list-style-type: none"> ● Reduce anxiety ● Feeling of well-being ● Lower blood pressure ● Lower pulse ● Cause drowsiness 	<ul style="list-style-type: none"> ● Impulsive behavior ● Poor concentration ● Fatigue ● Confusion ● Poor judgment ● Slurred speech Dizziness ● Interferes with memory storage ● Blackouts ● <i>For Barbiturates: Medically dangerous withdrawal</i> ● <i>Death with overdose</i>
<p>Benzodiazepines</p> <p>Ativan Halcion Xanax</p>	<ul style="list-style-type: none"> ○ Candy ○ Sleeping pills ○ Tranks 	<ul style="list-style-type: none"> ● Cause drowsiness 	<ul style="list-style-type: none"> ● Blackouts ● <i>For Barbiturates: Medically dangerous withdrawal</i> ● <i>Death with overdose</i>
<p>Alcohol</p>	<ul style="list-style-type: none"> ○ Spirits ○ Beer ○ Wine ○ Booze 	<ul style="list-style-type: none"> ● Feeling of well-being ● Deaden pain ● Reduce social anxiety 	<ul style="list-style-type: none"> ● Impulsive behavior ● Poor concentration ● Fatigue ● Poor balance ● Poor coordination ● Confusion ● Poor memory ● Poor judgment ● Slurred speech ● Shrinks brain ● Liver damage ● Heart damage ● Birth defects ● Seizures ● <i>Medically dangerous withdrawal</i> ● <i>Death with overdose</i>
<p>Ghb</p> <p>Gamma-hydroxy butyrate</p>	<ul style="list-style-type: none"> ○ Georgia ○ Homeboy ○ Liquid ecstasy 	<p>Feeling of well-being</p>	<ul style="list-style-type: none"> ● Impulsive behavior ● Poor concentration ● Fatigue ● Confusion ● Poor memory ● Poor judgment ● Nausea/vomiting ● Headache ● Seizures ● <i>Coma, Death</i>

Stimulants

<i>Name</i>	<i>Common Names</i>	<i>What They Do</i>	<i>Problems They Cause</i>
Amphetamine	<ul style="list-style-type: none"> ○ Speed ○ Bennies ○ Back Beauties ○ Crosses ○ Hearts 	<ul style="list-style-type: none"> ● Feelings of increased energy 	<ul style="list-style-type: none"> ● Fast, irregular heartbeat ● Increased body temperature ● Poor appetite ● Weight loss ● Seizures ● Heart failure ● Headaches ● Nervousness ● Trouble sleeping ● Tremors ● Poor/complete loss of coordination ● Aggression ● Impulsive behavior ● Confusion ● Stroke ● Heart Attack ● Psychosis ● Panic Attack ● Paranoia ● Violence ● Psychotic behavior ● Memory loss ● Impaired memory ● Impaired learning ● Shrinking of brain
Cocaine	<ul style="list-style-type: none"> ○ Blow ○ Candy ○ Charlie ○ Coke ○ Flake ○ Rock ○ Snow ○ Toot 		
Methamphetamine	<ul style="list-style-type: none"> ○ Meth ○ Chalk ○ Crank ○ Crystal ○ Fire ○ Glass ○ Go Fast ○ Speed 		
MDMA Methylenedioxy-methamphetamine	<ul style="list-style-type: none"> ○ Ecstasy ○ Adam ○ Clarity ○ Lover's Speed ○ Peace 	<ul style="list-style-type: none"> ● Feeling of well-being and empathy ● Mild hallucinations ● Increased sensitivity to touch 	<ul style="list-style-type: none"> ● Poor memory ● Poor learning ● Increased body temperature ● Heart damage ● Kidney failure ● Liver damage

Other Drugs

Name	Common Names	What They Do	Problems They Cause
<p style="text-align: center;">PCP</p> <p>Phencyclidine</p>	<ul style="list-style-type: none"> ○ Angel dust ○ Boat ○ Hog ○ Love boat ○ Peace pill 	<ul style="list-style-type: none"> ● Numbness ● Change in perception 	<ul style="list-style-type: none"> ● Fast heart rate ● High blood pressure ● Poor coordination ● Memory loss ● Nausea ● Vomiting ● Severe mood change ● Psychosis ● Anxiety ● Violence
<p style="text-align: center;">Inhalants</p> <p>Solvents Paint thinners Gasses Glue Nitrites</p>	<ul style="list-style-type: none"> ○ Laughing gas ○ Snappers ○ Poppers 	<ul style="list-style-type: none"> ● Head rush ● Sudden stimulation of senses 	<ul style="list-style-type: none"> ● Impulsive behavior ● Headache ● Nausea ● Vomiting ● Slurred speech ● Poor memory ● Wheezing ● Unconsciousness ● Weight loss ● Depression ● Muscle weakness ● Liver damage ● Brain damage ● Sudden death ● <i>Use associated with suicide</i>
<p style="text-align: center;">Steroids</p> <p>Anabolic Steroids Androl Oxandrin Winstrol Testosterone</p>	<ul style="list-style-type: none"> ○ Roids ○ Arnold's gym candy ○ Pumpers ○ Stackers ○ Weight trainer juice 	<ul style="list-style-type: none"> ● Imitates the effects of male hormones ● Taken to increase muscle mass/strength 	<ul style="list-style-type: none"> ● Increased risk-stroke, heart, liver disease ● Increased risk of infection ● Aching joints ● Nervousness ● Trembling ● Increased anger/rage attacks ● Men: Baldness, breast development, inability to get erection ● Women: Facial hair, deepened voice, reduced breast size and changes in appearance including: Acne, oily hair, baldness, jaundice, swelling feet/ankles, bad breath, mood swings ● <i>Health risks associated with injection include HIV and hepatitis</i>

Chapter 3: How Satisfied Are You with Your Life Right Now?



Has your drinking or drug use caused problems in any of these areas of your life? You might not have thought about this before, or recently. When you stop to consider it, you might decide that parts of your life or your relationships have been affected by your behavior.

Take a minute to think about it. Follow the instructions below.

Check-In: Your Level of Satisfaction

1. **Circle** the problems that have happened to you in the last three months:

Physical Health (accident or injury, illnesses)

My Mood (feeling guilty, depressed, or thinking about regrets)

My Relationships (other people complaining about my alcohol or drug use, arguments with family or friends)

Things that I am doing (being late for appointments, mistakes at home or at work)

Breaking the law (getting into fights, theft, even if you were not arrested or charged)

Managing money (running out of money I need for rent or food, or spending money on things I do not need while drunk or stoned)

2. Here is a list of symptoms of heavy drinking and drug use. Have you had any of these in the past three months? ✓ **Check** the ones that apply to you.

	Often	Sometimes	Never
Trouble getting to sleep			
Waking during the night			
Headache or hangover			
Stomach problems			
Rapid heartbeat			
Shakiness or unsteady hands			
Sweating, particularly at night			
Poor memory			
Trouble concentrating			
Mood changes			
Feeling tired			

3. How satisfied are you with your life?

	Happy	Okay	Little unhappy	Very unhappy
Health				
Emotional health (mood)				
Relationships with family				
Relationships with friends				
Money situation				
Ability to think, remember and problem solve				
How I spend my free time				
How well I get things done (work, volunteering, things around the house)				
Legal status (arrested, sued)				

4. Is there a link between your drinking or drug use and any areas of your life that are problems for you? **Circle** the areas of your life you might be interested in changing above.

Chapter 4: How Will I Know When It Is Time to Act on Substance Use?



Now that you have thought hard on your life, it is time to pull it together. Our experience tells us that a person's substance use can change over time. The problems that arise from drinking or drug use can change over time too. We have another worksheet that will make pulling things together easier.

The **How will I know it is time?** worksheet will give you something to refer to at any time in future so that you can decide whether you think it is time to set a substance use goal. This goal could be cutting back or seeing what it is like to stop completely.

The important thing about it is that any goal you choose – just for now or for the future – will bring improvements to your health and well-being. You are the captain of the ship of your life. It is important that you are making decisions that make sense to you.



Worksheet: How Will I Know It Is Time?



Referring to all the things you have done from Part 1 of this workbook, please fill in the blanks below:

When I do decide that it is time to set a substance use goal, here are the trustworthy people who can support me:

These are the things that most concern me about how the substances I am using affect me (i.e., physical, or mental health problems):

These are the things about my substance use that are causing me dissatisfaction in life:

These are the **top five** reasons I would make a change in my substance use when I decide to do so (Note: for making this list, you may want to take things from the previous two lists you have made):

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

Consider the information you have summarized above. Please answer the following questions:

1. On a scale of 1 to 10, where 10 means you are definitely seeing the need to do something about your substance use, how would you rate yourself right now? (Circle a number below)



(Note: choosing a number on this scale is an easy activity you can do occasionally, to keep track of how your substance use may be affecting your life)

2. What is the most important thing that explains your current rating (for instance, the reason you circled the number you did and not a lower number)?

3. What is the most important thing that would have to happen to increase your 1 to 10 score by at least one point?

4. If you share this worksheet with a person, you really trust, how would you like them to remind you that it exists? Check the ones that apply.

- Have them send you the letter through the postal service in a month or two.
- Ask them for a regular meeting (i.e., once per month) where you can talk about your current situation and review the worksheet.
- Ask them to send you an email or text occasionally, to check in.
- Other: _____



Idea: Here are other ideas about how you could make this worksheet more memorable:

- Make it into a poster and hang it in a place that you will see each day.
- Include pictures of the trustworthy people that you have listed at the top of this page.
- Make a piece of artwork based on the details in the worksheet.
- Do some creative writing (example: journaling about the life you want to be living and how you are working towards it).

Good luck. Do not forget - anything you can do to make your life better will be worth it!



Chapter 5: A Letter to My Future Self



When you have completed the “How will I know it’s time” worksheet, we recommend that you put the information in the form of a letter to yourself and we have included a form to help you with this. This letter is a good thing to share with the people you trust so that they know exactly where you are coming from.

If you decide to write a letter, you can also make a video recording of it to make it more memorable whenever you look at it down the road.

Here are all the materials you need to complete this final Part 1 activity of the workbook:

Date: _____

Dear Me of the future (write in your first name if you like),

I have just finished an activity to clarify how substance use fits into my life. I am writing this letter as a way of making sure I do not forget the most important things I have discovered. Some of the highlights to include:

_____ is a person I can trust to talk about my substance use occasionally, to make sure I am staying on the right track.

If _____ starts to happen with my health, that might be a signal I should be taking a closer look at my substance use.

The top five reasons I would be interested in making a change in my substance use are:

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

I understand that acting on my substance use does not necessarily mean quitting. It is possible to set a short-term goal about reducing my substance use and I can find this information in Part 2 of the SUBI workbook.

**Yours truly,
Me**

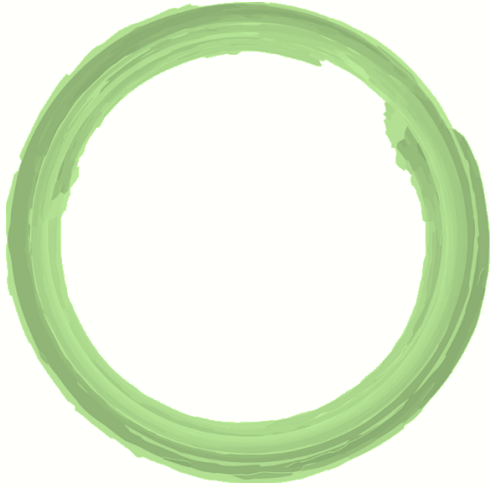
Conclusion

Congratulations! By completing Part 1 of this workbook, you have taken a major step to make sure that substance use does not stay under your radar, causing you problems and spoiling your future. By staying connected with people you trust about how things are going with your substance use over time, you can get valuable feedback to inform your decision making. It is hard for anyone – no matter who they are – to see their blind spots.

We want to encourage you to have faith that when you have decided to tackle your substance use – whether now or later - there are many who have been in similar circumstances in the past and have been able to change things for the better.

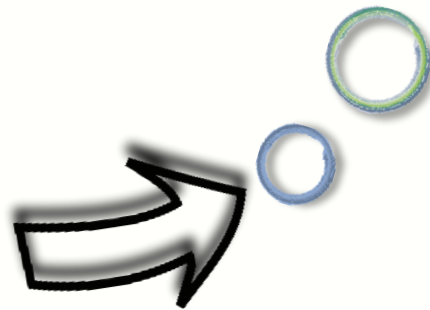
You can, too!

It is only a matter of time and getting the support you need and deserve to succeed!



Part 2: Tackling My Substance Use

You have taken an important step. You are deciding to get organized on addressing your substance use. As you read before in Part 1 of this workbook, any changes you make to your substance use behavior can improve your life in different ways. Before we get into the information you need to make clear substance use goals, we want to cover some background information.



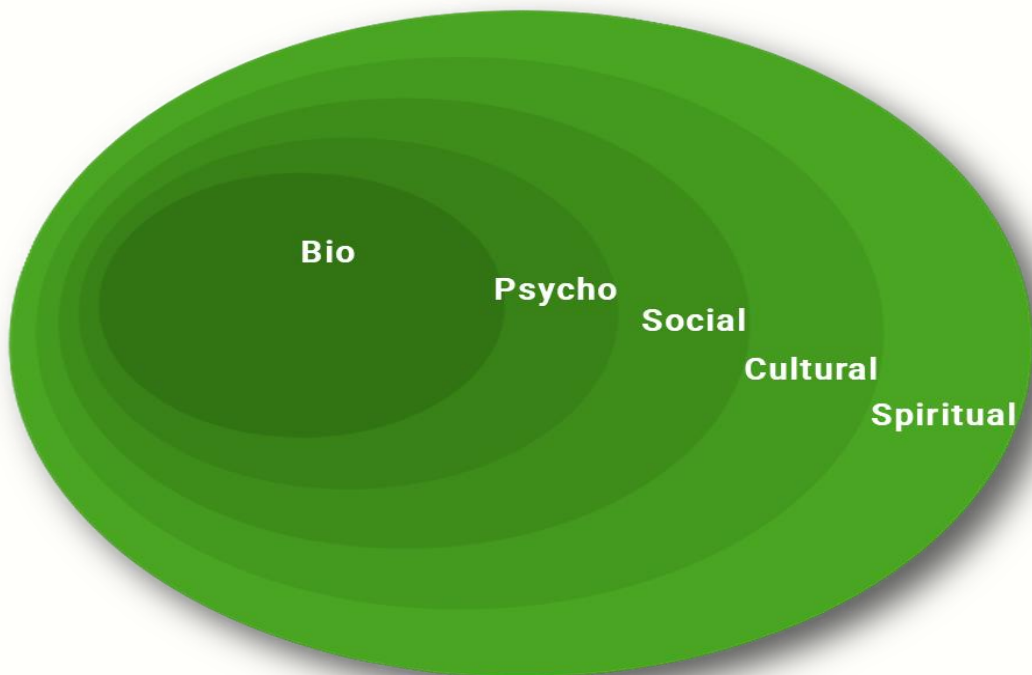
Chapter 6: Goal Setting for Substance Use



Background information helps people understand all the parts of their life that can be affected by substance use. This understanding gives a person more power to do things that will help them meet the substance use goals they set.

Consider it a map that helps you keep track of all the things that are important to you in working towards the life you want to live. It is called the Biopsychosocial Plus Model. On this page is a picture of what it looks like. There is a lot of detail so we will walk through it one section at a time.

Biopsychosocial Plus Model



Bio - everything about your brain and how it works. Scientists have learned a lot about how drinking or drug use can change the way our brain works. Sometimes these changes make it hard for us to do the things we want to do. It can be helpful for you to understand a little about what scientists have discovered when setting your substance use goals.

Psycho - short for psychology and covers how alcohol and drug use can control the way we behave. This includes the fact that the longer we use substances, the harder it becomes to fight off urges to use again and again.

Social - the ways the people in our lives can affect our decisions to use substances or not. This includes family and friends as well as people in our surrounding community (like neighbors or coworkers).

Cultural - the culture we grow up in can affect how we use alcohol and drugs. A powerful example is how people of color in North America have been discriminated against by mainstream society. This mistreatment can cause more use of alcohol and drugs. Substance use may be a part of your culture, just like alcohol is a part of a lot of things that happen. In some communities, drug and alcohol use may be accepted as a normal part of life. For example, getting drunk may be looked at as a normal thing for youth to do. You might not feel like a normal part of things if you are not doing the same. In other communities, using any alcohol or other drugs in any amount may be seen as harmful and completely forbidden. You may have been made to feel ashamed of your substance use.

Spiritual - many people who change their use of alcohol and drugs have found support through looking for sources of meaning in their lives. Sometimes people can find this by connecting to a temple, synagogue, or church. Some people have found this type of strength in other ways (for example, indigenous people spending time with an elder in their community).

As you can see, alcohol and drug use can affect a lot of things in your life. When you are setting a substance use goal, we recommend that you think about as many of these details as possible.

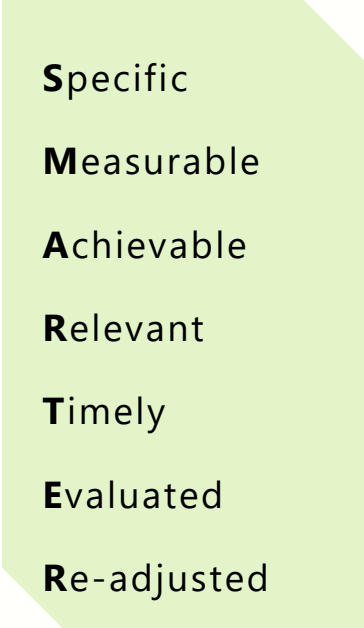
Setting a substance use goal

In our experience, we have noticed that people have the most success when they choose their own substance use goals. We have also found that a clear, detailed goal statement is one of the most important tools for gaining control over substance use. Some people decide very quickly that the only realistic goal is not to use alcohol and

drugs at all. Others may decide to cut down on how much they drink or use in the short-term. Whatever you choose, making sure your goal is clear and has enough details is key.

There are all sorts of ways you can organize a substance use goal. One popular way is described by the letters **SMARTER**.

When you set a **SMARTER** goal, it will be:



Specific
Measurable
Achievable
Relevant
Timely
Evaluated
Re-adjusted

You can read more about this approach by accessing the website at the following link:
<https://www.peoplegoal.com/blog/smarter-goals-setting>.

The main ideas in this approach are summarized in the following tips for setting clear substance use goals:

- To make your goal specific and measurable, include numbers. Think about an average seven-day week and then describe the limits you want to aim for:
 - ✓ The maximum amount you plan to use in a day.
 - ✓ The maximum number of days you plan to use from Monday to Sunday.
 - ✓ You can also decide how many zero use days you want to build in.

An example for alcohol:

On an average week, I will aim to limit my drinking to a maximum of 3 drinks per day, on no more than 3 days per week.

- You can make your goal even stronger by building in more details. Good additional details include:
 - ✓ The form of the substance (beer, wine, or liquor)
 - ✓ Describing risky situations that you want to avoid (past circumstances that have caused major negative consequences or consistently led to loss of control)
 - ✓ Describing situations when use may be relatively safe (with trusted friends or family)
 - ✓ Duration of “experiment” (the number of weeks over which you will assess whether this goal is suitable for you)

- Building in these additional details to the example above, here is what a substance use goal could look like:

On an average week:

- 1. I will aim to limit my drinking to a maximum of 3 drinks per day, on no more than 3 days per week.*
- 2. I will stick to regular beer (5%) and avoid any hard liquor.*
- 3. I will avoid drinking in bars and when I feel angry (because the last time I did this I got into a bad fight with my sister).*
- 4. When I have a drink, I will ask my best friend, Mo, if she’s available to join me (Mo supports me in my effort to make things better in my life).*
- 5. I will try this goal for one month. I will meet with a trusted friend to discuss how it is going, and if there are any changes I should make to my goal.*

Here are more tips:

For alcohol use goals, you can measure your drinking more accurately if you go by the Standard Drink (SD) system. Information on this system is included in this graphic:



Source: <https://www.rethinkyourdrinking.ca/what-is-a-standard-drink/>

Do not feel that you must use a substance up to the daily limit you have set for yourself. For example, if your limit is to use cannabis no more than three times per day, you may only feel like smoking once on a particular day and that is totally okay.

People are more successful in meeting their substance use goals when they make it a habit to keep track of how much they are using. This can be done by using a log, diary, or smartphone app. If you have a smartphone, there are some apps that you can download for free.



The information on one such app is available through this link:

<https://www.camh.ca/en/camh-news-and-stories/saying-when-app-launches-for-android>

Here's a link with information on ways of keeping track of cannabis use:

5 Tools for Tracking Your Cannabis Use:

<https://ceresmedvt.com/5-tools-for-tracking-your-cannabis-use/>

Here are two other worksheets on the next few pages that might be helpful to you:

- ✓ **Daily Diary** worksheet - for all other substances
- ✓ **My Early Recovery Plan** - for making your own substance use goals

Worksheet: Daily Diary



By monitoring the risky situations that you encounter, and any urges and temptations that feel to drink or use other drugs, you can develop better coping strategies and alternative behaviors. Keeping track of any drinking or other drug use that occurs helps you get an overall picture of how well you are doing. The simple exercise of daily monitoring can, by itself, help you achieve your goals.

For each day this week:

Date: _____

	Describe the riskiest situation (urges, temptations, and cravings) that you had during that day. Write down: <ul style="list-style-type: none"> ○ where you were ○ time of day ○ who you were with ○ what you were doing, thinking, and feeling ○ what happened 	Describe what you did to cope in this situation: (went for a walk, left, thought of the negative consequences of using)	If you did use any alcohol or other drugs, record: <ul style="list-style-type: none"> ○ what kind ○ how much
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

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My Early Recovery Plan



Write down your substance use goals:

1. Goal for _____ Reduced use (details below) No use

No more than ____ per day No more than ____ days per week

I will avoid using in these circumstances _____

2. Goal for _____ Reduced use (details below) No use

No more than ____ per day No more than ____ days per week

I will avoid using in these circumstances _____

3. Goal for _____ Reduced use (details below) No use

No more than ____ per day No more than ____ days per week

I will avoid using in these circumstances _____

Challenges for me in meeting my goals	Coping strategies

My Safe Zones are:

1. _____

2. _____

3. _____

Positive messages I can repeat to myself when I get discouraged:

Getting advice from a professional

It is recommended that anyone setting a substance use goal should get support from someone who is dependable. A trusted friend can be a big support, but that friend may not have detailed knowledge about the science of substance use.

That is where seeking advice from an experienced health care professional can put you in an even better position to succeed in any goals you set.

An example of something a professional might tell you about is the big pool of research available in the substance use field. Scientists know a lot about how people use alcohol and cannabis. They have even produced guidelines for those two substances. You and individuals supporting you might find it interesting to read these guidelines. They are included here:

Low Risk Drinking Guidelines: <http://www.rethinkyourdrinking.ca/wp-content/uploads/2016/02/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf>

Lower-Risk Cannabis Use Guidelines (LRCUG): [Lower-Riskhttp://www.rethinkyourdrinking.ca/wp-content/uploads/2016/02/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf](http://www.rethinkyourdrinking.ca/wp-content/uploads/2016/02/2012-Canada-Low-Risk-Alcohol-Drinking-Guidelines-Brochure-en.pdf)

Interesting fact: there are no similar guidelines for other substances. If you are setting a goal for something like cocaine or painkillers, we strongly recommend that you get support from a professional to do so.

One of the other advantages of seeking a professional's help is that they are trained to do a detailed assessment of your current situation. After an assessment, a professional will give you a recommendation about what you can do about your substance use. This recommendation can be in the form of a plan or set of follow-up options. Many professionals these days will support your right to make your own decisions unless they are very concerned about your immediate safety. Sometimes professionals (especially doctors) feel responsible to give you direct advice about how you can protect your health.

An example of direct advice you may get from a professional is that if you have had a long history of problems resulting from your alcohol and drug use – like liver failure - not drinking or using drugs is the best goal.

If you are not unsure about what goal to set, professionals will often recommend trying out a short-term goal of not using any substances. The benefits of this approach include:

- Improved thinking ability
- Improved learning and testing coping skills and strategies
- Lowered tolerance accompanied by improvements in physical health
- Increased success in achieving long-term moderation

Final words of encouragement on goal setting

It is common for people setting substance use goals to take a while before they have consistent success. If you do not meet your goal this week, there is always next week to try again. Chances are that you have probably learned some things this week that you can use to make your plan better.

We want to encourage you to get the support you need and deserve to set the goal you feel is the best one for you. If you are struggling or feeling bad, please reach out to someone you trust.

Shame and isolation are your enemies!

References:

1. Herie, M & Skinner, W.J.W. (2014). Fundamentals of Addiction. A Practical Guide for Counsellors. 4th Ed. CAMH, Toronto. (Biopsychosocial Plus graphic is on page 12).
2. Structured Relapse Prevention manual (second ed, CD version), CAMH: Toronto.
3. Harrison, S. & Carver, V. eds (2004). Alcohol and Drug Problems. A Practical Guide for Counsellors. 3rd ed. CAMH: Toronto.

Chapter 7: First Things First. Ideas for Getting Started

Goals

- ✓ **Make a list of things to do to help you get started**
- ✓ **Make a list of early coping strategies**

Information

Once you decide to make a big change in your life, it can be hard to decide how to start. This list includes ideas to support your new lifestyle:

- 1** If your goal is not to use, throw out all alcohol and drugs, and anything that goes with them (pipes, supplies). If your goal is to decrease use, think about ways you can limit access to a big supply of alcohol and drugs.
- 2** Stop seeing or talking to the heavy drinkers and drug users you know.
- 3** Do what you can to avoid being around people who drink or use drugs.
- 4** Change your phone number.
- 5** Throw out the contact information of dealers or people who drink heavily.
- 6** Try new activities that are drug-free.
- 7** Try a self-help group such as Alcoholics Anonymous or Narcotics Anonymous.
- 8** Talk to people you trust about difficult situations.
- 9** Tell people who can and will help you quit drinking or using drugs what you are doing. Let them know what they can do to help.
- 10** Have your money deposited directly in your bank or get help to manage your money.

Plan: Getting Started with Your Goals

Here is a plan to help you get started with meeting your drug and alcohol use goals.

Fill in the blanks:

On (date) _____

✓ I will get rid of the following items:

✓ I will avoid the following people:

✓ I will avoid those people by doing the following things:

✓ Here is what I will say if I do have to speak to those people:

✓ I will not go these places:

✓ Doing these things will make it easier to avoid those places:

✓ People who I can count on to help me:

✓ Things they can do to help me:

✓ Things that I can do that will be safe and healthy:

✓ Places I can go that will help me meet my drug and alcohol use goals:

Chapter 8: Saying No to Alcohol and Drugs

Goals

- ✓ Learn how to say no, when you need to, to drugs and alcohol
- ✓ Practice using the Top 5 Motivators to keep moving forward

Information

If someone is too interested in what is in your glass, it is their problem - not your problem. When you decide to change your alcohol and drug use, one of the hardest situations is when someone offers you a drink or drugs. Some people will encourage you to drink or use drugs even if they know you are trying to change your behavior.

It is more common than you think for people who do not have a brain injury, and who are not tackling substance use, to choose not to drink or use. At any event. You might feel self-conscious saying no, but you do not have to feel that way or explain. Try to remember that for other people it is not a big deal if you refuse a drink. No one will think it is unusual.



Tips

- Look the person offering you something in the eye, so they know that you mean what you are saying.
- Say “no thanks” right away without offering an explanation. If you do not get into a conversation about your decision, things will end more quickly.
- If the person offers again, say “no” and ask the person to stop offering.
- Suggest something else to do or ask for something else to drink or eat.
- Change the subject.
- If you feel uncomfortable, leave the situation.
- Remember – it is your choice. You do not have to explain your reasons.
- Use your Top 5 Motivators to remind you why you are not using alcohol or drugs.
- Feel proud of your choice!

Worksheet: Planning Ahead



Use this worksheet to plan ahead for situations that you might find hard to manage. We have listed a few examples. You complete the worksheet with situations you might face, and solutions to those situations.

Who will ask or offer?	Where and when?	Who/what can help?
My friend Marty	Phone call when I am at home	Voicemail My notes or counselor notes
<p>What I can say and do:</p> <p>Make sure I have my Top 5 Motivators</p> <p>I will keep a script near me to remind me of what I want to say. "I do not want to party with you." "I am done with that." "Please stop asking."</p> <p>I will keep saying "no thanks and please stop asking".</p> <p>If he asks for reasons, I will say "My mind is made up. I do not want to do that".</p> <p>I will end the phone call.</p> <p>I will screen my phone calls before answering.</p>		

Who will ask or offer?	Where and when?	Who/what can help?
Cousin Frank	At a family party	My brother Stan
<p>What I can say and do:</p> <p>I will tell Frank I would rather have a Coke. I will go get a coke.</p> <p>Ask Stan to hang out with me for a while.</p> <p>Take a walk away from the party.</p> <p>Look at my Top 5 Motivators.</p>		

Who will ask or offer?	Where and when?	Who/what can help?
<p>What I can say and do:</p>		

Who will ask or offer?	Where and when?	Who/what can help?
<p>What I can say and do:</p>		

Who will ask or offer?	Where and when?	Who/what can help?
<p>What I can say and do:</p>		

Chapter 9: Coping with Cravings

Goals

- ✓ Learn about cravings
- ✓ Develop coping strategies for cravings

Information

How do you know if you are having a craving?

Everyone who changes their drinking and drug use has cravings. A craving is a feeling that you want to get high. Sometimes these feelings are very strong, and it is hard to think about anything else. Other times, the feelings are weak, and you can easily focus your mind on something else. You know you have a craving when:



- You think about wanting to use drugs or alcohol
- You have physical sensations, like a knot in your stomach or tension
- You find yourself thinking about how to get alcohol or drugs

Tips

Once you start to pay attention to your thoughts find a way to be your own best coach. This is not easy at first, but practice will make it easier. Here are a few useful thoughts to review when you get a craving:

- It is normal to have cravings. It does not mean I am not getting better.
- Cravings do not last forever. They go away even if I do not get high.
- The longer I do not drink or use drugs the weaker the cravings get.
- The longer I do not drink or use drugs the fewer cravings I will have.
- Cravings might be uncomfortable, but they will not hurt me.
- I have been doing well.
- I have worked hard. I do not want to spoil it now.
- I can do this!

Check-In: Stop and Think About Cravings

When you recognize thoughts or feelings that are part of a craving, stop and review this list to help you fight it. Check any that might work for you:

- Keep a picture of a stop sign in my wallet, purse, or somewhere I will see it often.
- Wear a rubber band on my wrist and snap it to stop my thoughts.
- Review my reasons for avoiding drugs and alcohol.
- Practice breathing or relaxation or meditation.
- Distract myself with something interesting or fun.
- Find book, song, poem, prayer, or photo of person/place that gives me hope & strength.
- Have something to eat.
- Listen to music.
- Talk to someone I trust.
- Write in my journal. (Chapter 15)
- Leave the situation or do something to change it.
- Read my journal or workbook.
- Pat myself on the back.
- Make a list of my accomplishments.
- Audio or video record my own self-pep talk that I can watch or listen to when I need it.

Plan

Having a plan to cope with cravings will help. Practicing your plan before you need it will help even more. One way to get ideas about what to do is to think about a time when you did not have a craving. What were you doing? Where were you? Who was with you?

Use this Coping Card of ideas to make your plan.



Coping Card

Top 5 reasons for change

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

Call: _____ Phone: _____

Call: _____ Phone: _____

Emergency Plan

*Leave the situation

*Go somewhere safe such as:

*Take a few breaths and try to relax.

Chapter 10: Being in Groups

Goals

- ✓ **Get information about being in therapy groups**
- ✓ **Identifying coping strategies to make being in a group easier**
- ✓ **Learn how peer support can help reach your goals**

Information

Ways to feel more comfortable

If you have never attended group therapy before it can be a scary experience. Everyone feels uncomfortable at first. When you go to a group for the first time it is a good idea to make sure you have some basic information. Try to find answers to these questions:

- Who is the group leader?
- What do people talk about?
- How long does the group meeting last?
- Do people take turns talking? Is it a conversation, or does someone raise their hand?
- What does everyone in the group have in common? Why are they all there?
- Does the group have special rules to follow?

Most people have rules. Here are some common rules.

Confidentiality. What happens in a group session is the private business of the group members. It is not polite to talk outside the group about the people and what happens. The other people should show you the same respect. After a session you might think about something that was shared. If you want to talk about it, ask a staff member or your counselor. Leave other people's name out of your discussion.

Show respect. Avoid 'isms', like racism and sexism. Address people how they want to be addressed.

Be caring and understanding. Put yourself in someone else's shoes. Try to see things from the other person's point of view.

Start your sentences with the word 'I'. Hearing about your experiences helps others and makes them feel more comfortable. "I worry about..." instead of "you worry about"

Only one person talks at a time. Do not start side conversations with other group members.



Be a good listener. Make eye contact and nod your head. This helps the person talking to know that you are paying attention.

Ask if you do not understand. If you are not sure what someone means, it is ok to ask.

Give everyone a chance to talk. Try to keep your remarks to the point, and on topic.

Avoid giving advice. Do not offer your opinion unless someone asks what you would do.

Do not force your point of view on others. Arguing does not help.

Learn how to be positive when you give feedback. Think about how you would like others to treat you. Blame and shame do not help others.

Frequently Asked Questions about Groups

- 1. What should you do if you have trouble paying attention, or understanding what people are say, or get too tired?** Let the group leader know before the session starts that you have attention and fatigue challenges. Decide to get feedback. Sit near the leader-they can give you a signal if you drift off. You can give a signal to the leader if you feel lost. Sometimes it might be good to admit your difficulty to the group and ask for support. The leader and your group might agree it is okay to leave the room quietly for a little break to rest or refocus. The important thing is to admit the challenge and plan to manage it. Let the leader know that you will leave the room, and where you will go.
- 2. What should I do if I get angry during the group session?** The advantage of group therapy is that everyone is there together to learn from each other. There will probably be people you enjoy spending time with, and others who are harder to get along with. If you know that this will be a challenge for you, make a plan with the leader. Let the leader know when you will leave the room, where you will go, and how to talk about it later. You can also work on your anger management outside the group.
- 3. Sometimes I say things without thinking or I talk off topic. What can I do to keep this from being a problem?** Let the group know that you are working on these things. Ask for their feedback. It helps to write out your comments or ideas before you say them. That will cause you to edit your words. You might be able to work on this in the group. Before you do, talk about this strategy with them first. This way no one will question why you are writing things down during the session.
- 4. It is rude to interrupt but sometimes I forget what I want to say while someone else is talking.** Writing things down during the group session can also help with this challenge. Again, let your leader or the group know why you are making notes. If you have trouble thinking of what to say in the moment, you can prepare ahead of time. Make a note of what you want to bring up.



Worksheet: Being in Groups



Doing a little homework before beginning a group will help you be more relaxed. It will also help you gain more from your group sessions.

What should I let the group leader know about me?

How should I say it?

What coping strategies might be useful? Check the ones you think you can use:

- Get there early.
- Sit near the front.
- Arrange a scheduled break with the leader.
- Ask to have any distractions removed.
- Turn off my cellphone.
- Ask the leader to make a card with that day's topic on it. Place it where I can see it.
- Make my own card with that day's topic on it to help me stay focused.