



# Substance Use Disorder Phase I Curriculum

Monday

9-9:50 Ken  
NIH - Brain  
backup Ann

10-10:50 Ann  
Setting Goals  
backup Ken

11-11:50 Ann  
Parameters of Social Using  
backup Ken

Wednesday

9-9:50 **Ken**  
Overcoming Negative Thinking  
backup Ann

10-10:50 Ken  
Obstacles to Treatment  
backup Ann

11-11:50 Ann  
Jellinek Curve  
backup Ken

Friday

9-9:50 Ken  
Triggers  
backup Ann

10-10:50 Dr. Thorne  
What Substances Do To Your Body  
backup *Dr. Zhang*

11-11:50 Ann  
12 Step Groups  
backup Ken



## INTRODUCTION

### Why study drug abuse and addiction?

**A** buse of and addiction to alcohol, nicotine, and illicit and prescription drugs cost Americans more than \$700 billion a year in increased health care costs, crime, and lost productivity.<sup>1,2,3</sup> Every year, illicit and prescription drugs and alcohol contribute to the death of more than 90,000 Americans, while tobacco is linked to an estimated 480,000 deaths per year.<sup>4,5</sup> (Hereafter, unless otherwise specified, *drugs* refers to all of these substances.)

**People of all ages suffer the harmful consequences of drug abuse and addiction.**

- **Babies** exposed to drugs in the womb may be born premature and underweight. This exposure can slow the child's intellectual development and affect behavior later in life.<sup>6</sup>
- **Adolescents** who abuse drugs often act out, do poorly academically, and drop out of school. They are at risk for unplanned pregnancies, violence, and infectious diseases.
- **Adults** who abuse drugs often have problems thinking clearly, remembering, and paying attention. They often develop poor social behaviors as a result of their drug abuse, and their work performance and personal relationships suffer.
- **Parents'** drug abuse often means chaotic, stress-filled homes, as well as child abuse and neglect. Such conditions harm the well-being and development of children in the home and may set the stage for drug abuse in the next generation.

### How does science provide solutions for drug abuse and addiction?

Scientists study the effects that drugs have on the brain and on people's behavior. They use this information to develop programs for preventing drug abuse and for helping people recover from addiction. Further research helps transfer these ideas into practice in our communities.



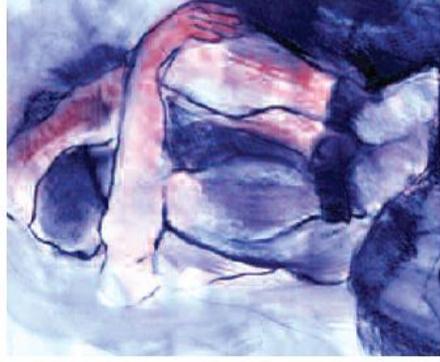
## Why do people take drugs?

In general, people begin taking drugs for a variety of reasons:

- **To feel good.** Most abused drugs produce intense feelings of pleasure. This initial sensation of euphoria is followed by other effects, which differ with the type of drug used. For example, with stimulants such as cocaine, the “high” is followed by feelings of power, self-confidence, and increased energy. In contrast, the euphoria caused by opiates such as heroin is followed by feelings of relaxation and satisfaction.
- **To feel better.** Some people who suffer from social anxiety, stress-related disorders, and depression begin abusing drugs in an attempt to lessen feelings of distress. Stress can play a major role in beginning drug use, continuing drug abuse, or relapse in patients recovering from addiction.
- **To do better.** Some people feel pressure to chemically enhance or improve their cognitive or athletic performance, which can play a role in initial experimentation and continued abuse of drugs such as prescription stimulants or anabolic/androgenic steroids.
- **Curiosity and “because others are doing it.”** In this respect adolescents are particularly vulnerable because of the strong influence of peer pressure. Teens are more likely than adults to engage in risky or daring behaviors to impress their friends and express their independence from parental and social rules.



Courtesy: Vivian Felsen



## *No single factor determines whether a person will become addicted to drugs.*

If taking drugs makes people feel good or better, what's the problem?

When they first use a drug, people may perceive what seem to be positive effects; they also may believe that they can control their use. However, drugs can quickly take over a person's life. Over time, if drug use continues, other pleasurable activities become less pleasurable, and taking the drug becomes necessary for the user just to feel "normal." They may then compulsively seek and take drugs even though it causes tremendous problems for themselves and their loved ones. Some people may start to feel the need to take higher or more frequent doses, even in the early stages of their drug use. These are the telltale signs of an addiction.

Even relatively moderate drug use poses dangers. Consider how a social drinker can become intoxicated, get behind the wheel of a car, and quickly turn a pleasurable activity into a tragedy that affects many lives.

Is continued drug abuse a voluntary behavior?

The initial decision to take drugs is typically voluntary. However, with continued use, a person's ability to exert self-control can become seriously impaired; this impairment in self-control is the hallmark of addiction. Brain imaging studies of people with

addiction show physical changes in areas of the brain that are critical to judgment, decision making, learning and memory, and behavior control.<sup>7</sup> Scientists believe that these changes alter the way the brain works and may help explain the compulsive and destructive behaviors of addiction.

Why do some people become addicted to drugs, while others do not?

As with any other disease, vulnerability to addiction differs from person to person, and no single factor determines whether a person will become addicted to drugs. In general, the more *risk factors* a person has, the greater the chance that taking drugs

### **RISK AND PROTECTIVE FACTORS FOR DRUG ABUSE AND ADDICTION**

Risk Factors	Protective Factors
Aggressive behavior in childhood	Good self-control
Lack of parental supervision	Parental monitoring and support
Poor social skills	Positive relationships
Drug experimentation	Academic competence
Availability of drugs at school	School anti-drug policies
Community poverty	Neighborhood pride

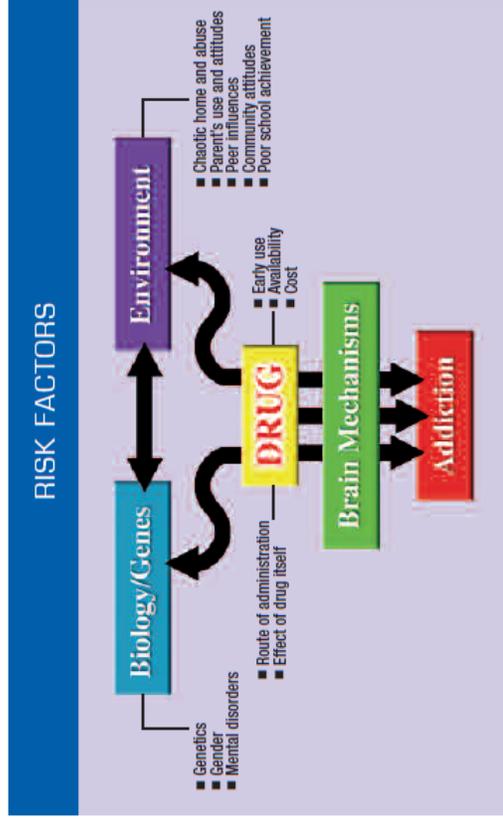
## Children's earliest interactions within the family are crucial to their healthy development and risk for drug abuse.

will lead to abuse and addiction. *Protective factors*, on the other hand, reduce a person's risk of developing addiction. Risk and protective factors may be either environmental (such as conditions at home, at school, and in the neighborhood) or biological (for instance, a person's genes, their stage of development, and even their gender or ethnicity).

What environmental factors increase the risk of addiction?

- **Home and Family.** The influence of the home environment, especially during childhood, is a very important factor. Parents or older family members who abuse alcohol or drugs, or who engage in criminal behavior, can increase children's risks of developing their own drug problems.

- **Peer and School.** Friends and acquaintances can have an increasingly strong influence during adolescence. Drug-using peers can sway even those without risk factors to try drugs for the first time. Academic failure or poor social skills can put a child at further risk for using or becoming addicted to drugs.



What biological factors increase the risk of addiction?

Scientists estimate that genetic factors account for between 40 and 60 percent of a person's vulnerability to addiction; this includes the effects of environmental factors on the function and expression of a person's genes. A person's stage of development and other medical conditions they may have are also factors. Adolescents and people with mental disorders are at greater risk of drug abuse and addiction than the general population.



What other factors increase the risk of addiction?

- **Early Use.** Although taking drugs at any age can lead to addiction, research shows that the earlier a person begins to use drugs, the more likely he or she is to develop serious problems.<sup>8</sup> This may reflect the harmful effect that drugs can have on the developing brain; it also may result from a mix of early social and biological vulnerability factors, including unstable family relationships, exposure to physical or sexual abuse, genetic susceptibility, or mental illness. Still, the fact remains that early use is a strong indicator of problems ahead, including addiction.

- **Method of Administration.** Smoking a drug or injecting it into a vein increases its addictive potential.<sup>9,10</sup> Both smoked and injected drugs enter the brain within seconds, producing a powerful rush of pleasure. However, this intense “high” can fade within a few minutes, taking the abuser down to lower, more normal levels. Scientists believe this starkly felt contrast drives some people to repeated drug taking in an attempt to recapture the fleeting pleasurable state.



## Alcohol/Drug-Reduction Specific Goals

Think of up to 1 alcohol or drug reduction goals you would like to achieve in the next 30 days.

Goal :

The reasons this goal is important to me are:

Some of the actions I can take to increase the chance of reaching this goal are:

The steps I plan to take to achieve this goal are:

## Barriers to Change

What are some of the things that might interfere with this goal?

How I could handle these barriers:

The ways other people can help me are:

**CUT- BACK PLAN**

Total Amount of Alcoholic Beverages I Drank Between \_\_\_\_\_ and \_\_\_\_\_ :

Beer-

Liquor-

Wine-

Other-

Total Amount of Illicit Substances I Used Between \_\_\_\_\_ and \_\_\_\_\_ :

Cannabis-

Cocaine-

Opiates-

Amphetamines/Meth-

Club Drugs-

Other-

For \_\_\_\_\_ Through \_\_\_\_\_ I Plan to Drink NO MORE Than

Beer-

Liquor-

Wine-

Other-

For \_\_\_\_\_ Through \_\_\_\_\_ I Plan to Use NO MORE Than

Cannabis-

Cocaine-

Other-

# 10 FACES of CHANGE

Do I have a problem with alcohol or drugs?



Alcohol and drug problems affect many people. Some people see that drinking alcohol or using illegal drugs is hurting them. But there are a lot of other people who don't even know they have a problem. They ignore the warning signs, even when their friends and family tell them that they have a problem.

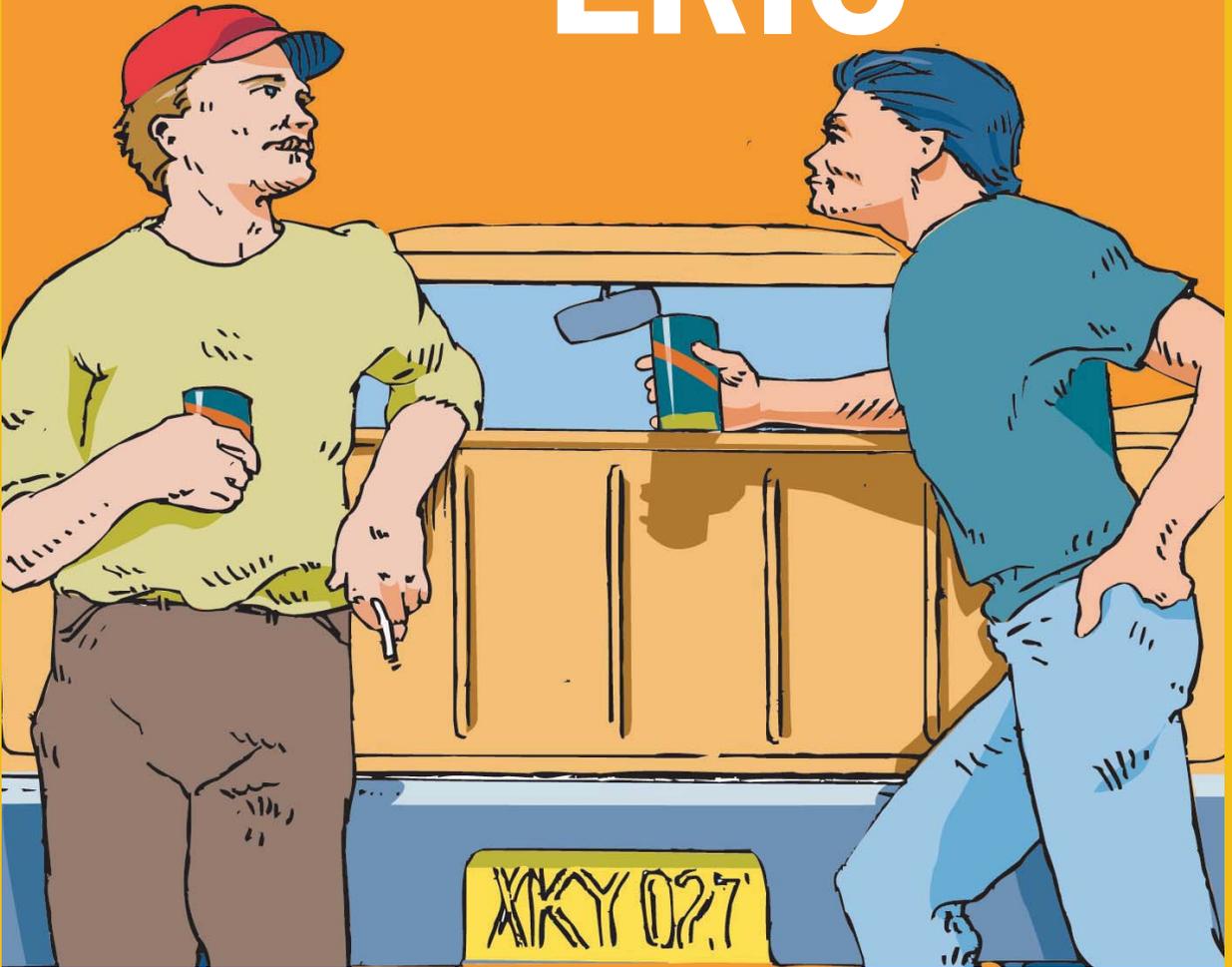




This booklet looks at five people: Eric, Sue, Yolanda, Derrick, and Don. They come from different backgrounds, but they all have a problem with alcohol or illegal drugs.

As you read about these five people, think about your own life and the role that alcohol or drugs may play in it. Could drugs or alcohol be causing problems that you weren't even aware of? Could you or someone you know be in denial about a problem with alcohol or drugs? Look at what the characters do. Will their actions help or hurt? Would you do the same thing or something different?

# ERIC



**Eric drank and smoked pot (marijuana) and got high on it a lot in high school. He also went to “keg” parties where he drank a lot of alcohol. He dropped out of school in his senior year.**

**Now Eric has a job at a repair shop. He hates it. Sometimes he thinks he has to have a few beers or smoke some pot at lunch just to get through the day.**



ERIC, THIS HAS TO STOP OR I'M GONE!



Eric's girlfriend Julie complains that he spends too much time drinking and getting high with his friends. She says she'll move out if he doesn't stop.

MY GIRLFRIEND IS A NAG!

Now some friends invite Eric to a party where there is beer and pot. Eric goes and gets drunk, even though he knows his girlfriend will be upset.



### What could happen to Eric if he keeps drinking and using marijuana?

- Eric might be arrested for drunk driving or for having marijuana, and could be referred to treatment by the court.
- His girlfriend might leave him.
- His boss might smell Eric's breath after lunch. Then he might be fired. Or his employer might have an Employee Assistance Program (EAP) that will send him to treatment.

# SUE

Sue is a wife and a mother. She also works at a museum part time and goes to school. As the semester goes by, she finds herself under a lot of stress.



A fellow student tells Sue that he can sell her “uppers” (amphetamines) that will help her stay awake and get more done. Sue doesn’t like doing something illegal, but she starts taking the pills.



Two months go by, and Sue is still taking the pills. She is becoming irritable. She slaps her child for asking for a cookie. Her husband is upset and worried about how Sue is acting, and he wants her to talk to a substance abuse counselor about the pills she takes.



Sue doesn't think she needs treatment, but she wants to please her husband. She doesn't want to stop taking her pills, but she admits to a friend that they might be creating problems.

Now Sue has a test coming up at school. She thinks about what her husband said, but she takes some pills to stay awake and study. At the same time, she knows she'll be tired the next day if she doesn't sleep. Sue feels guilty and frustrated. She doesn't know what to do about her situation.



**What kinds of things could a substance abuse counselor do to help Sue?**

- Help her explore the pros and cons of taking the pills.
- Describe the harmful effects of the pills.
- Describe what other people have done in a similar situation.
- Help her set goals for quitting.
- Suggest ways she can find support from others.

# YOLANDA



Yolanda drinks a lot when she comes home from work. She wakes up feeling “hung over” at least three times a week. She has quit drinking a few times, but always started up again. It’s making her late to work more and more often.

Yolanda has been thinking about what her life would be like if she stopped drinking. She would do better at her job, and she wouldn’t wake up with headaches and stomach aches all the time.



Yolanda’s father is in recovery from an alcohol abuse problem. He has moved back to Mexico but she still calls him for advice. He explains that alcoholism often runs in families.

He tells Yolanda that she should think about treatment. He suggests that she create a Change Plan Worksheet, listing the pros and cons of not drinking.



Now Yolanda is watching TV at home.

She wants to get a beer out of the fridge, but she knows that she'll end up having more than one. She takes all of the beers and pours them down the sink. She fills out the Change Plan Worksheet that her father talked about.



### Change Plan Worksheet

The changes I want to make are: *To either cut down or quit drinking.*

The most important reasons I want to make these changes are: *Keep my job. Stop waking up feeling sick. Get some balance in my life again.*

I plan to do these things to reach my goal: *Throw away my collection of shot glasses and call the treatment center.*

The first steps I plan to take in changing are: *Call my father this week and tell him what has happened and what I plan to do.*

Some things that could interfere with my plan are: *Job stress, missing my family, feeling alone.*

Other people could help me in changing in these ways: *Regular phone calls with Dad, members of my church group, my neighbor Helen who doesn't drink.*

I hope my plan will have these positive results: *I'll feel better, be more on the job, make new friends who don't drink.*



**Derrick used to drink a lot and take drugs when he partied with his friends at the clubs. Then one night he got arrested for possession of an illegal drug. The judge told him he had to get treatment.**



**At first, Derrick didn't like treatment. He didn't want to talk about his drug use. There were times when he wanted to quit treatment because it was really hard. But this slowly changed.**



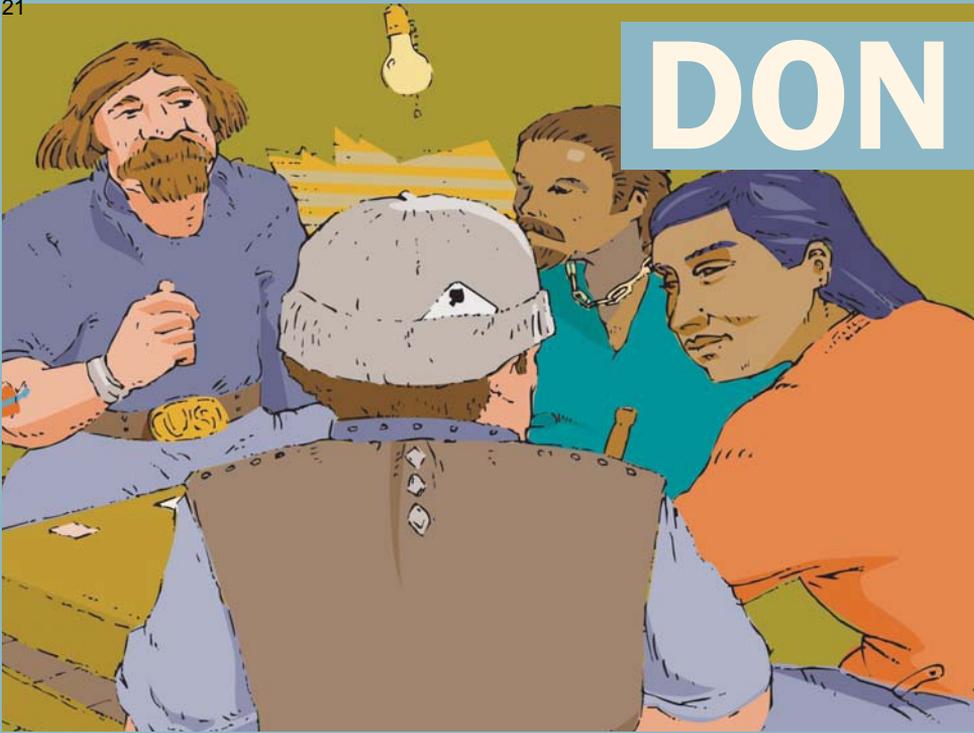
After time, Derrick started to trust his substance abuse treatment counselor. He helped Derrick to know the “triggers” that could cause him to start using drugs again. He encouraged Derrick to create a support network of family and friends who don’t use drugs.



Now Derrick’s old buddies still call him sometimes to go out partying. Derrick says no and goes to a 12-Step meeting instead. It lets him meet other people he has things in common with. He’s got a new job and he feels good about himself.

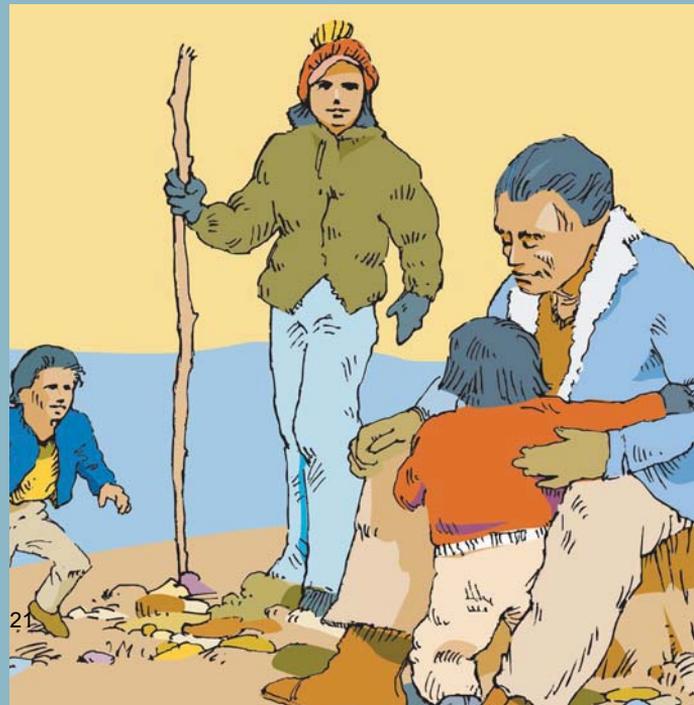
**Together, Derrick and his counselor have come up with several things he can do whenever he thinks about drinking or using drugs:**

- He can do volunteer work in his spare time. This can help Derrick connect with people who don’t do drugs.
- He can spend more time with his family, and with friends who don’t use drugs.
- He can work out at the gym or take a computer course.



When he was younger, Don hung out with a tough gang at the reservation where he lived. They often used drugs. He was arrested and told to enter a drug treatment program. Even though treatment made him feel better about himself, Don ran into his old gang and slipped back into using “meth” (methamphetamines) every day. He got arrested again and was sent to prison.

With the help of the prison’s substance abuse treatment counselor, Don moved into a halfway house and joined a drug treatment program. Away from the gang, and without drugs in his life, Don was able to finish high school and find a good job.





Don is now 40. He has been married for six years and enjoys going camping with his wife and children. He hasn't touched drugs in 10 years. He likes to work out at the gym, and he has made a new set of friends who don't drink or use drugs. Some of his friends are also in recovery and go to 12-Step meetings with him.

Now Don is thinking about a career change. He would like to become a counselor for people with drug problems like he had. He wants to work in the clinic back on the reservation. He knows he needs to get more education, though, and make sure his own recovery is stable before he makes the change.



**Every day, Don practices the coping skills he learned in treatment:**

- He's aware of negative feelings. He talks with a trusted person about them.
- He works out at the gym to relieve stress.
- Don HALTs sometimes. HALT stands for **H**ungry, **A**ngry, **L**onely, **T**ired. When he feels these things he stops and thinks. Don knows that it is important to do something positive at these times. He knows drugs won't solve his problems.

# What Can You Do About Drugs And Alcohol In Your Life?

23

## Know if there's a problem:

- Are drugs or alcohol affecting your work or health?
- Do you feel like you need alcohol or drugs to get through the day?
- Are your friends or family members telling you there's a problem?



## Avoid the personal “triggers” that could set off an urge to drink or use drugs:

- Don't try to do too much and get stressed out.
- Don't ignore the negative feelings that drugs and alcohol can cause.
- Avoid people, places, and activities where you usually use drugs or drink alcohol.



## Think about the benefits of making a change:

- Being healthier and stronger without alcohol or drugs.
- Having family and friends who know they can depend on you.
- Having a future with lots of choices.



If you think you might have a problem with alcohol or drugs, fill out the Change Plan Worksheet on the next page. You can even cut it out and carry it with you, or give it to a friend if you think it could help.

## Change Plan Worksheet

---

The changes I want to make are:

---

The most important reasons I want to make these changes are:

---

I plan to do these things to reach my goal:

---

The first steps I plan to take in changing are:

---

Some things that could interfere with my plan are:

---

Other people could help me in changing in these ways:

---

I hope my plan will have these positive results:

---

I will know that my plan is working if:

---

A counselor or professional I can call if I think I have a problem is:

## COMMON DISTORTIONS OF THINKING

### **Black and white thinking.**

This refers to seeing things in all-or-none categories. Things are one way or the other and there is little room for any grey areas. Some examples are: "All AA/NA meetings are boring." "My recovery is going great (or terrible)," and "Women/Men can't be trusted."

*Your personal example:* \_\_\_\_\_

---

To counteract this thinking error, you have to learn to see things in terms of "degrees" rather than "absolutes." For example, Jack thought "My recovery is going poorly." But when he examined his recovery closely, Jack discovered that while some aspects of it were going poorly, other aspects of his recovery were actually going quite well.

### **Making things worse than they really are.**

This refers to making "mountains out of molehills" and turning minor problems or inconveniences into major problems. This happens when you focus too much on one negative aspect of a situation and use this to judge the entire situation.

*Your personal example:* \_\_\_\_\_

---

You can counteract this type of thinking error by evaluating the entire situation or the "big picture" rather than just one or two aspects of it. For example, Diana, a heroin addict, did quite well in her recovery for fourteen months. She reluctantly gave in to pressure to shoot dope and got high on one occasion. Her initial reaction was "I completely blew my recovery, I'm a failure and no one will have any faith in me." However, Diana considered the fact that she had a 15-year history of very extensive drug addiction, and was able to stop her relapse quickly, she was able to see that she made a mistake. Diana had to realize that making a mistake and using drugs once was not the same as completely blowing her recovery.

### **Overgeneralizing.**

This type of thinking error is one in which you reach a general conclusion based on a single experience. For example, Mike's girlfriend abruptly ended their

relationship, which took him by surprise. He concluded that “all women are jerks who can’t be trusted and are only out to use you.”

*Your personal example:* \_\_\_\_\_

---

You can counteract this type of thinking error by reminding yourself that a single experience is not sufficient evidence to justify a major conclusion. In the case of Mike above, he had to accept that this rejection only meant that this particular relationship had failed. He had to remind himself that he knew other women who could be trusted and were not out to use him.

**Expecting the worst to happen.**

With this type of thinking error you ignore the possible positive outcomes of a situation and focus instead on the negatives. You build a “worst case scenario” even if you have not evidence to warrant this conclusion. Some examples of expecting the worst include “I won’t get the raise I’m asking for,” “I won’t get the job in interviewed for,” and “My husband will be upset and very angry with me because we didn’t stick to our budget this month.”

In the case of Diana’s relapse, mentioned earlier, she expected that her NA sponsor and friends would admonish her for shooting drugs. She also expected that they would give up on her as a hopeless addict. What Diana found, however, was that other really understood what it was like to relapse. They had empathy for her, and also extended a helping hand to make sure she got back on the clean track of recovery.

*Your personal example:* \_\_\_\_\_

---

Counteracting this thinking error requires you to look at all of the evidence of the situation. Ask yourself, “What proof do I have that the worst will happen?”

**Ignoring the positive.**

With this type of thinking error, you ignore or minimize your achievements, strengths, successes, or positive traits. Instead you focus on the negative aspects of yourself and your life. Even if there are little or no negative aspects to a given situation, you will find a way to ignore the positive.

For example, as part of her ongoing recovery program, Kathy decided she needed to get into better physical shape and began a regular exercise and diet program so she could lose forty pounds. With hard work, she lost about thirty-five pounds, then regained five pounds back. Kathy was initially very upset with herself and depressed for gaining a few pounds back. She had to remind herself that she had made significant strides in losing weight, and that the weight gain was a temporary setback. It could not take away her achievement in losing over thirty pounds.

*Your personal example:* \_\_\_\_\_

---

You can counteract this type of thinking error by looking at all aspects of a situation. You can also use daily or weekly inventories to review your accomplishments or successes, identify positive personality traits, or identify things that you do well or that are going well in your life.

**Jumping to conclusions.**

This type of thinking error occurs when you react too quickly before having the facts of a situation, only to reach a negative or incorrect conclusion. You “mind read” without first checking the situation out with others.

For example, Natalie assumed her husband was upset and angry with her because he was quiet, sullen, and not his usual fun-loving and friendly self. She wondered what she had done to upset him and then began imagining many different things that she may have done wrong. When she asked her husband, “Are you mad at me?” she was surprised to learn that he was not at all angry with her. He told her about some work-related problems that were really bothering him and he was stuck in terms of what he should do.

*Your personal example:* \_\_\_\_\_

---

Getting all the fact and trying not to read others’ minds or moods are ways that you can avoid this thinking error.

**Emotional reasoning.**

This type of distorted thinking happens when you assume that your negative feelings reflect the way things really are. In other words, your “feeling” becomes part of your “personality.” For example, if you *feel* worthless, you conclude that you may

be worthless. Or, you tell yourself that since you feel guilty, this means you must have done something wrong.

Your personal example: \_\_\_\_\_

---

If you learn to separate such feelings from your personality or judgement of yourself, you can counteract this thinking error. You may, for example, say something like “I feel bad or inadequate because I didn’t do a very good job on that last project. I just didn’t put much effort into the job. This doesn’t mean I’m a bad or inadequate person. It just means I blew this one project.”

**Should or must statements.**

This type of thinking error involves rigid rules you set regarding your behavior or attitudes. Some examples include “I *should* always like AA or NA meetings,” “I *must* always be nice and kind to other,” “I *shouldn’t* make mistakes,” and “I *shouldn’t* get angry at others.”

Your personal example: \_\_\_\_\_

---

You can counteract this error in thinking by challenging yourself when you use these terms. Ask yourself why you “should” or “shouldn’t.” Question the rigidity of your stance.

For example, Dave believed “I should always want to be with my wife and kids” and felt very bad when he wanted space from them. He struggled with this until he finally accepted that it was OK for him to have time alone, and that he didn’t have to always want to be with his family. In fact, Dave found that “taking time alone is better for everyone. I’m less grouchy when I get some time to myself,”

**Misleading.**

This refers to the thinking error in which you mislabel yourself with a negative label. For example, rather than simply acknowledging that you made a mistake or failed at something, you instead label yourself a “failure.”

Your personal example: \_\_\_\_\_

---

Counteracting this type of thinking error requires you to consciously work at not labeling yourself as a failure or weak just because you made a mistake. You can ask yourself what evidence you have to warrant labeling yourself so negatively.

□ **Personalizing.**

With this type of thinking error, you take responsibility for events or situations that you aren't really responsible for. Larry, for example, told himself, "I must be a bad father" in response to a note from a teacher stating that his child was having difficulties at school.

*Your personal example:* \_\_\_\_\_

\_\_\_\_\_

You can challenge this type of thinking error by looking at all the facts of a situation and trying to separate what you are responsible for and what you aren't responsible for. The reality is that there are probably many factors that contribute to a particular problem and that taking personal blame is not appropriate.

 Review the thinking distortions that you checked and the examples you gave from your own experience. Summarize what you have learned about thinking.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Overcoming Obstacles to Treatment

### **Living Sober Text**

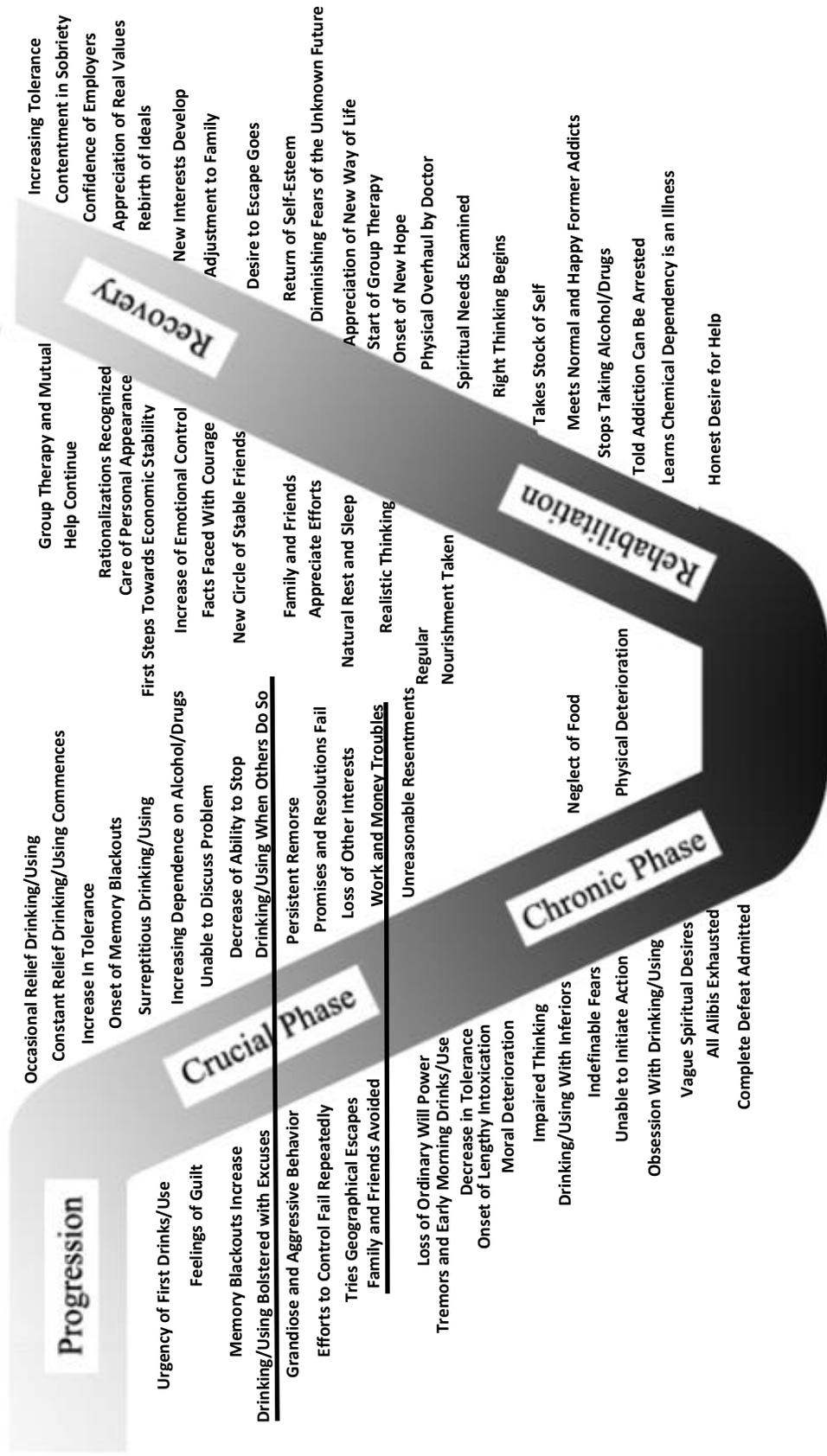
- Keep an open mind (p. 2)
- Using the 24 Hour Plan (p. 5)
- Live & Let Live (p. 10)
- Getting Active (p. 13)
- Using "Serenity Prayer" (p. 18)
- Change Old Routines (p. 19)
- First things First (p. 32)
- Fending off Loneliness (p. 33)
- Watch out for Anger (other negative emotions) (p. 38)
- Being Good to Yourself (p. 40)

# The Progression and Recovery of Chemical

## Dependency

*To be read from left to right*

Enlightened and Interesting Way of Life Opens Up with Road Ahead to Higher Levels than Ever Before



Obsessive Drinking/Using  
Continues in Vicious Circles

## Triggers - Got Rhino?

"Leave me alone"...

"I deserve a break"....

"I'll make It happen"...

"If only ...."

"It's just not fair..."

"I feel....so I must ...."

"Not me, I'm different"

"I'll ignore it....."

"Poor me....I am a victim"

"I want, what I want...."

## PHYSICAL AND EMOTIONAL IMPLICATIONS OF SUBSTANCE USE

Diana L. Thorne, MD

## PHYSICAL EFFECTS- ALCOHOL

### Brain-

Damages frontal lobes (thinking, problem solving, learning, memory)

Damages cerebellum (balance and coordination)

Damages brain stem (breathing)

## ALCOHOL

Heart- causes abnormal heart beats (cardiac arrhythmia)- "holiday heart", enlarged heart (dilated cardiomyopathy)

High blood pressure

Increase risk of stroke

## ALCOHOL

Gastrointestinal System (esophagus, stomach, large and small intestines)- ulcers, dilated blood vessels ( varices) which can rupture and bleed

Liver-alcoholic hepatitis, fatty liver, fibrosis, cirrhosis

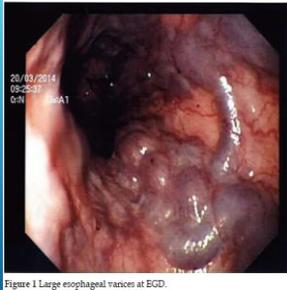


Figure 1 Large esophageal varices at EGD.



Healthy

Fatty

Cirrhosis

## ALCOHOL

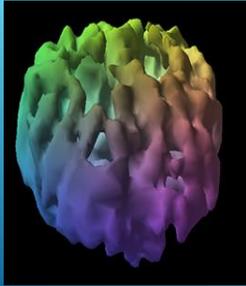
Increased risk of cancer of:

- Mouth
- Throat
- Liver
- Breast

## ALCOHOL

Weakened immune system that causes increased risk for:

- Pneumonia
- Tuberculosis
- Other infectious diseases



## COCAINE

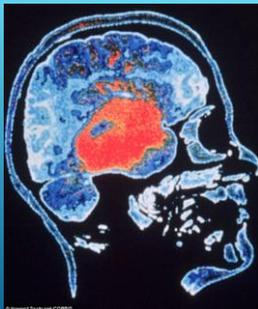
Brain-

Stroke- from high blood pressure- cocaine use makes stroke 6 times more likely

Damages frontal lobes (thinking, problem solving, learning, memory)

Seizures

Coma



## COCAINE

Heart-

High blood pressure

heart attack (myocardial infarction) from high blood pressure

Sudden death

## MARIJUANA

Brain- (thinking, problem solving, learning, memory)

Brain- slows reflexes, can impair ability to drive car

Brain- slows perception of time, causes lack of motivation

Hormones- causes decrease function of male hormones which can lead to breast growth in men, erectile dysfunction, and infertility

## MARIJUANA

Respiratory system- associated with inflammation of large airways and can cause compromise and increase in respiratory infections such as bronchitis and pneumonia

## MARIJUANA

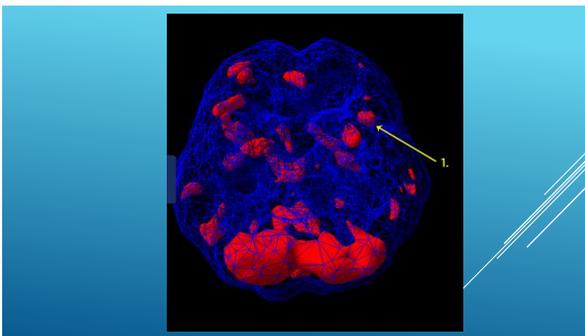
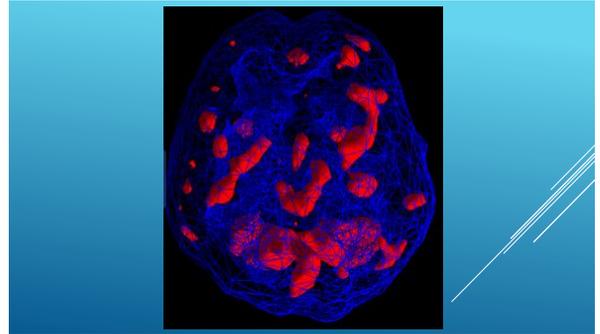
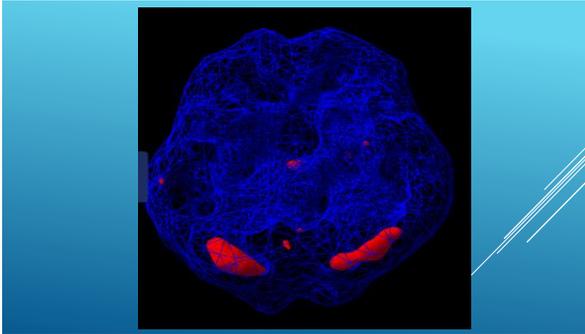
Heart- increased risk for heart attack (myocardial infarction), stroke, and TIA (transient ischemic attack)

## MARIJUANA

If smoked during adolescence can cause decrease in nerve connections in the brain

Associated with increase risk of anxiety and depression

Linked with development of psychosis/schizophrenia

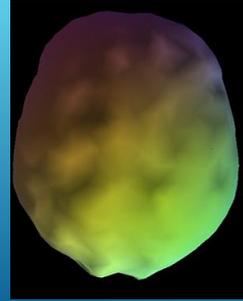


## HEROIN AND OTHER OPIOIDS

Circulatory system-  
 collapsed veins; abscesses (swollen  
 tissue with pus)  
 infection of the lining and valves in  
 the heart  
 dangerous slowdown of heart rate  
 and breathing, coma, death

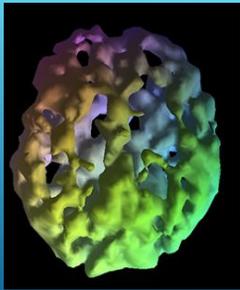
## HEROIN AND OTHER OPIOIDS

Gastrointestinal (digestive):  
constipation and stomach cramps  
Liver disease  
Kidney disease  
Pneumonia



## CLUB DRUGS

Rohypnol "roofies"  
Ketamine  
MDMA (Ecstasy)  
  
GHB  
PCP  
Salvia



## CLUB DRUGS

Ketamine- dissociative anesthetic causes dreamlike state, hallucinations, delirium, amnesia, respiratory failure

## CLUB DRUGS

Rohypnol-  
Is a benzodiazepine (in the family of valium and Ativan), can be lethal when mixed with alcohol  
Causes amnesia- date rape drug

## GHB- GAMMA-AMINOBUTYRIC ACID

Sold under trade name Xyrem for narcolepsy

Has been used by body builders illegally to build muscle

At high doses can result in coma or death

## PCP- PHENCYCLIDINE

Impaired memory.  
Thinking problems and impaired decision-making abilities.  
Speech problems.  
Severe depression with suicidal thoughts.  
Higher anxiety, paranoia, and isolation.  
Extreme weight loss.  
"Flashback" phenomena.  
Continuous hallucinations and delusional thinking even when not using the substance.

## PCP

Under the influence of PCP people are more likely to act aggressively or violently against others or themselves.

May think of themselves as invincible leading to injury and accident.

## MDMA- ECSTASY

Memory problems, paranoia, insomnia, teeth grinding blurred vision, sweating, and a rapid heartbeat

Deaths have been reported due to increased body temperature and dehydration

## SALVIA- SALVIA DIVINORUM

Psychoactive plant

Leaves contain opioid-like compound that causes hallucinations

Little is know about the safety of this drug

## HALLUCINOGENS

LSD

Psilocybin (mushrooms)

Peyote

Causes altered perceptions and make individuals feel disconnected from their bodies

## HALLUCINOGENS

Psychotic-like episodes  
Respiratory depression  
Heart rate abnormalities

## METHAMPHETAMINE

Brain-  
memory loss  
aggressive behavior  
auditory and visual hallucinations  
paranoia  
insomnia

## METHAMPHETAMINE

Brain continued  
Paresthesia-feelings in insects  
crawling under the skin  
Reduced motor speed  
Impaired verbal learning

## METHAMPHETAMINE

Heart-  
Damage to the cardiovascular  
system

## METHAMPHETAMINE

Malnutrition/ weight loss

Severe dental problems and tooth loss "meth mouth"

Increased transmission of infectious diseases, such as hepatitis and HIV/AIDS

Skin sores

## POP QUIZ

1. Name one physical or psychological effect of alcohol.
2. Name one physical effect of cocaine.
3. Name one physical effect of heroin or opioids.

## POP QUIZ

4. Name one physical effect of methamphetamine.
5. Name one physical effect of hallucinogens.
6. Name one physical effect of club drugs.



### **Going to A.A. Meetings**

Long before this booklet was even thought of, every single idea in it and many more suggestions for living sober were learned and *proved successful* by hundreds of thousands of alcoholics. We did this not just by reading, but also by talking to each other. At first, we mostly listened. You can easily do the same thing, free, and you don't have to "join" anything.

What we did was simply go to meetings of Alcoholics Anonymous. There are over five million each year, in approximately 150 countries around the globe. And remember, you do not have to become an AA member in order to visit some AA meetings. If all you want to do is sort of "try out" AA, you are entirely welcome to attend AA meetings as an observer and just listen quietly, without saying a word. You don't need to give your name, or you can give a phony one if you want to. AA understands. It doesn't record names of either members or visitors attending its meetings, anyhow. You won't have to sign anything, or answer any questions.

Feel free to ask some, if you wish. But many people prefer just to listen the first few times.

Like practically everyone else who has gone to an AA meeting, you'll probably be very surprised the first time. The people you see around you look mostly normal, healthy, reasonably happy, and successful. They do not look like old-fashioned cartoons of drunkards, bums, or fanatic, dried-up teetotalers.

What's more, you'll usually find us quite a friendly bunch, doing a lot of laughing –at ourselves. That is why, if you are hung-over, an AA gathering provides a cheerful environment for getting past the hangover and beginning to feel much, much better.

You can be very sure that every AA member in that room deeply understands exactly how you feel, because we remember vividly our own hangover miseries, and how it felt the first time we ever went to an AA meeting.

If you are shy, kind of a loner – just like many of us – you'll find the AA members willing to let you pretty much alone if that is really what you want and it makes you more comfortable.

However, most of us found it much more beneficial to hang around for a bite and a chat after the meeting. Feel free to participate in the socializing, or "eyeball-to-eyeball sharing" just as much, or as little, as you wish.

### **Different kinds of A.A. Meetings**

Many AA members from all over the U.S. and Canada were asked for ideas for this booklet. Near the top in all their lists is the suggestion that one of the surest ways of avoiding drinking is going to various kinds of AA meetings. "That's where we learn all these ideas from each other," one member wrote.

If you want to stay sober, going to *any* AA meeting is, of course, safer than going to a bar or a party, or staying at home with a bottle!

Chances for avoiding malaria are best when you stay away from a swamp full of mosquitoes. Just so, chances of not drinking are better at an A.A. meeting than they are in a drinking situation.

In addition, at A.A. meetings there is a kind of momentum toward recovery. Whereas drinking is the object of a cocktail party, sobriety is the common goal aimed for at any A.A. meeting. Here, perhaps more than anywhere else, you are surrounded by people who understand drinking, who appreciate your sobriety, and who can tell many means of furthering it. Besides, you see many, many examples of successfully recovered, happy, nondrinking alcoholics. That's not what you see in barrooms.

Here are the most popular kinds of A.A. group meetings, and some of the benefits derived from attending them.

### **Beginners (or newcomers) meetings**

These are usually smaller than other meetings, and often precede a larger meeting. They are open to anyone who thinks he or she may possibly have a drinking problem. In some places, these meetings are a series of scheduled discussions or talks about alcoholism, about recovery, and about A.A. itself. In others the beginners meetings are simply question-and-answer sessions.

AA.'s who have used these meetings a lot point out that these are excellent places to ask questions, to make new friends, and to begin to feel comfortable in the company of alcoholics, not drinking.

### **Open meetings** (anyone welcome, alcoholic or not)

These are likely to be a little more organized, a little more formal. Usually, two or three members (who have volunteered in advance) in turn tell the group about their alcoholism, what happened, and what their recovery is like.

An A.A. talk of this type does not have any set pattern. Of course, only a tiny handful of A.A. members are trained orators. In fact, even those A.A.'s whose jobs involve professional speaking carefully avoid making speeches at A.A. meetings. Instead, they try to tell their own stories as simply and directly as possible.

What is unmistakable is the almost startling sincerity and honesty you hear. You'll probably be surprised to find yourself laughing a lot, and saying to yourself, "Yes, that's just what it's like!"

One of the big benefits of attending such open meetings is the opportunity to hear a wide, wide, variety of actual case histories of alcoholism. You hear the symptoms of the illness described in many varying forms, and that helps you decide whether you have it.

Naturally, each A.A. member's experiences have been different from the others'. It is possible that some time you'll hear someone recall favorite drinks, drinking patterns, and drinking problems (or

drinking fun) very much like your own. On the other hand, the incidents in the drinking stories you hear may be quite unlike yours. You will hear people of many different backgrounds, occupations, and beliefs. Each member speaks *only* for himself (or herself), and voices only his own opinions. No one can speak for all of A.A., and no one has to agree with any sentiments or ideas expressed by any other A.A. member. Diversity of opinion is welcomed and valued in A.A.

But if you listen carefully, you will probably recognize familiar feelings, if not familiar events. You will recognize the emotions of the speaker as having been much like your own, even if the life you hear about has been radically different from yours.

In A.A., this is called “identifying with the speaker”. It does not mean that the age, the sex, the life-style, the behavior, the pleasures, or the troubles of the speaker are identical to yours. But it does mean that you hear of fears, excitements, worries, and joys which you can empathize with, which you remember feeling at times yourself.

It may surprise you that you will almost never hear an A.A. speaker sounding self-pitying about being deprived of alcohol.

Identifying with the speaker’s past may not be as important as getting an impression of his or her present life. The speaker usually has found, or is reaching for, some contentment, peace of mind, solutions to problems, zest for living, and a kind of health of the spirit which you, too, want. If so, hang around. Those qualities are contagious in A.A.

Besides, the reminders you get of the miseries of active alcoholism can help extinguish any lurking desire to take a drink!

At meetings like this, many A.A. members have heard the very tips on recovery they were looking for. And almost all members leave such a meeting so refreshed and so encouraged in their recovery that the last think on earth they want is a drink.

**Closed discussion meetings** (only for alcoholics- or for people who are trying to find out whether they are alcoholics)

Some A.A. groups hold discussion meetings labeled “open”, so anyone is welcome to attend. More often, such meetings are described as “closed”, for members or prospective members only, so those who attend can feel free to discuss any topic that might trouble- or interest- any problem drinker. These are confidential discussions.

A member who has volunteered in advance may lead off the meeting by telling briefly of his or her own alcoholism and recovery. The meeting is then open for general discussion.

Anyone troubled by a particular problem, no matter how painful or embarrassing, may air it at a discussion meeting and hear from others present their experiences at handling the same or a similar problem. And yes, experiences of happiness and joy are shared, too. One surely learns in such discussions that no alcoholic is unique or alone.

It has been said that these meetings are the workshops in which an alcoholic learns how to stay sober. Certainly, one can pick up at discussion meetings a broad range of suggestions for maintaining a happy sobriety.

### **Step meetings**

Many A.A. groups hold weekly meetings at which one of the Twelve Steps of the A.A. program is taken up in turn and forms the basis of the discussion. A.A.'s Twelve Traditions, the Three Legacies of A.A., A.A. slogans, and discussion topics suggested in A.A.'s monthly magazine, the Grapevine, are also used by some groups for this purpose. But other topics are almost never ruled out, especially if someone present feels an urgent need for help with an immediate, pressing personal problem.

In conjunction with the books, "Alcoholics Anonymous" and "Twelve Steps and Twelve Traditions", Step meetings afford perhaps the most easily grasped insights into and understanding of the fundamental principles of recovery in A.A. These sessions also furnish a wealth of original interpretations and applications of the basic A.A. program- showing how we can use it, not only to stay sober, but to enrich our lives.

### **State, regional, national, and international A.A. conventions and conferences**

Attended by anywhere from hundreds to more than 20,000 A.A. members, often accompanied by their families, these king-size A.A. gatherings are weekend affairs consisting of many kinds of session. The programs often include discussion workshops on varied topics, as well as talks by guest experts on alcoholism, and usually a banquet, a dance, entertainment, and time for other social or recreational activities, all the more highly enjoyed because they are alcohol free. They show us how much fun we can have sober.

They also give us a chance to meet and learn from A.A.'s who live in other areas. For many members, these occasions become favorite holiday weekends, as well as highly prized, peak experiences in recovery. They provide inspiring memories to cherish on ordinary days and often see the start of close, lifelong friendships.

### **Do we have to go to those meeting for the rest of our lives?**

Not at all, unless we want to.

Thousands of us seem to enjoy meetings more and more as the sober years go by. So it is a pleasure, not a duty.

We all have to keep on eating, bathing, breathing, brushing our teeth, and the like. And millions of people continue year after year working, reading, going in for sports and other recreation, frequenting social clubs, and performing religious worship. So our continued attendance at A.A. meetings is hardly peculiar, as long as we enjoy them, profit from them, and keep the rest of our lives in balance.

But most of us go to meetings more frequently in the first years of our recovery than we do later. It helps set a solid foundation for a long-term recovery.

Most A.A. groups hold one or two meetings a week (lasting about an hour or an hour and a half). And it is widely believed in A.A. that a new A.A. member fares best by getting into the habit of regularly attending the meetings of at least one group, as well as visiting other groups from time to time. This not only provides a big choice of differing A.A. ideas; it also helps bring into the problem drinker's life a measure of orderliness, which helps combat alcoholism.

We have found it quite important, especially in the beginning, to attend meetings faithfully no matter what excuses present themselves for staying away.

We need to be as diligent in attending A.A. meetings as we were in drinking. What serious drinker ever let distance, or weather, or illness, or business, or guests, or being broke, or the hour, or anything else keep him or her from that really wanted drink? We cannot let anything keep us from A.A. meetings, either, if we really want to recover.

We have also found that going to meetings is *not* something to be done only when we feel the temptation to drink. We often get more good from meetings by attending them when we feel fine and haven't so much as thought of drinking. And even a meeting which is not totally, instantly satisfying, is better than no meeting at all.

Because of the importance of meetings, many of us keep a list of local meetings with us at all times, and never travel far from home base without taking along one of the A.A. directories, which enable us to find meetings or fellow members almost anywhere on earth.

When serious illness or natural catastrophe makes missing a meeting absolutely unavoidable, we have learned to work out substitutes for meetings. (It's amazing, though, how often we hear that blizzards in subarctic regions, hurricanes, and even earthquakes have *not* prevented A.A.'s from traveling a hundred miles or more to get to meetings. With a meeting to reach, getting there by canoe, camel, helicopter, jeep, truck, bicycle, or sleigh is as natural to some A.A.'s as using cars, buses, or subways for the rest of us).

As a substitute for a meeting, when attendance is impossible, we may call A.A. friends on the telephone or by ham radio; or we may hold a meeting in our minds while reading some A.A. material.

For several hundred isolated A.A. "Loners" (such as armed services personnel far from home), and for several hundred seagoing A.A. "Internationalists", special services are provided free by the General Service Office of A.A. to help them keep in close contact with A.A. They receive bulletins and lists that enable them to communicate with other members (by letter or sometimes tape) between the times they find it possible to go to regular A.A. meetings.

But many of those who are on their own do something even better when they find no A.A. group near enough for them to attend. They start a group.

**The money question**

Alcoholism is expensive. Although A.A. itself charges no dues or fees whatever, we have already paid pretty heavy “dues” to liquor stores and bartenders before we get here. Therefore, many of us arrive at A.A. nearly broke, if not heavily in debt.

The sooner we can become self-supporting, the better, we have found. Creditors are almost always happy to go along with us as long as they see we are really making an honest, regular effort to climb out of the hole, even in tiny installments.

.

## Step One

*“We admitted we were powerless over alcohol—that our lives had become unmanageable.”*

Who cares to admit complete defeat? Admission of powerlessness is the first step in liberation. Relation of humility to sobriety. Mental obsession plus physical allergy. Why must every A.A. hit bottom?

## Step Two

*“Came to believe that a Power greater than ourselves could restore us to sanity.”*

What can we believe in? A.A. does not demand belief; Twelve Steps are only suggestions. Importance of an open mind. Variety of ways to faith. Substitution of A.A. as Higher Power. Plight of the disillusioned. Roadblocks of indifference and prejudice. Lost faith found in A.A. Problems of intellectuality and self-sufficiency. Negative and positive thinking. Self-righteousness. Defiance is an outstanding characteristic of alcoholics. Step Two is a rallying point to sanity. Right relation to God.

## Step Three

*“Made a decision to turn our will and our lives over to the care of God, as we understood Him.”*

Step Three is like opening of a locked door. How shall we let God into our lives? Willingness is the key. Dependence as a means to independence. Dangers of self-sufficiency. Turning our will over to Higher Power. Misuse of willpower. Sustained and personal exertion necessary to conform to God's will.