“My drinking got out of hand so fast. It seemed like one day I was having a good time drinking with some friends, and the next day I was drinking all the time—with or without my friends. Once I understood I had a substance use disorder and learned about the problems my drinking had caused, I was able to make a plan to get my life back on track.”

— BRENT H., advocate and friend in recovery from alcohol use disorder and bipolar disorder
Questions to get us started:

What are the common symptoms of substance use disorders?

How are substance use disorders diagnosed?

What can you do to manage your substance use?

Have you experienced negative attitudes about substance use disorders from other people?

Have you held negative attitudes about substance use disorders?

We will cover 4 topics in this Module:

**Topic 1:**
Understanding the Diagnosis, Cause, and Course of Substance Use Disorders

**Topic 2:**
Practical Facts about Substance Use Disorder Diagnoses

**Topic 3:**
Taking Positive Steps to Manage High-risk Situations

**Topic 4:**
Dealing with Negative Attitudes and Beliefs about Substance Use Disorders (Stigma)

Reminder, set an Agenda:

Here is the format of each Enhanced IMR session:
1. Review the last session
2. Check in on
   - home practice
   - goals
   - substance use
   - symptoms
3. Learn information about a new topic
4. Summarize session and decide on home practice
Topic 1
Understanding the Diagnosis, Cause, and Course of Substance Use Disorders

This module will help you understand important facts about substance use disorders. We will explore basic information about different kinds of substances to see what they have in common, and what is different about them. We will also examine what happens when people have problems with more than one substance, and with mental illness. You will also learn how to take positive steps toward managing your substance use disorder and improving your quality of life. Finally, we’ll look at the difficulties people in recovery face when dealing with negative attitudes and beliefs (stigma) about substance use disorders, and we’ll explore subjects for dealing with those negative attitudes.

This session will introduce six subjects to help you learn more about substance use disorders:

- What are substance use disorders and how are they diagnosed?
- What causes substance use disorders?
- How common are substance use disorders and mental illness (co-occurring disorders)?
- Why are co-occurring substance use and psychiatric disorders so common?
- What happens when people develop substance use disorder symptoms?
- Abstinence from using substances vs. cutting down

Each of these subjects will be described in more detail on the following pages.
What are substance use disorders and how are they diagnosed?

A substance use disorder occurs when a person uses a substance to the degree that it causes significant problems in their functioning and relationships over a period of time. Impairment can be physical, mental, and relational. In other words, substance use disorders affect a person’s mind and body, and can impact every area of their life.

Just like mental illnesses, there is no blood test or brain scan that can diagnose whether a person has a substance use disorder. Substance use disorders are diagnosed by a professional who conducts an interview to explore the person’s current and past history of substance use. This interview is performed by a doctor, psychologist, counselor, social worker, or other professional who has experience working with individuals with substance use disorders. These interviews may also include questions about the person’s mental health, physical health, living environment, and social factors in order to obtain a comprehensive assessment of both substance use and mental health disorders. When a person has both substance use disorder and mental illness, they are referred to as having co-occurring disorders, dual disorders, or having a dual diagnosis.

**KEY POINT**

Substance use disorders are diagnosed during a clinical interview by a professional trained in addiction.

It is possible to experience a substance use disorder related to more than one substance at the same time. Specific types of substance use disorders include:

- Alcohol
- Cannabis
- Hallucinogens
- Inhalants
- Opioids
- Sedatives
- Stimulants
- Other

**Let’s Talk About It**

What would you like to know about substance use disorders?

What information have you learned about substance use disorders in the past?
What causes substance use disorders?

There are many theories about the causes of substance use disorders, and more than one theory may be correct. One theory, called the stress-vulnerability model, explains why some people develop substance use disorders, as well as mental illnesses. (This theory was discussed in the Module 2 and will be covered in more detail in Module 4.) According to the Stress-Vulnerability Model, a combination of biological vulnerability (or weaknesses) and stress can lead to developing a substance use disorder.

Biological vulnerability

Being vulnerable to something means we have lower defense levels against it, or we are more likely to be impacted by it. The term “biological vulnerability” means there is an increased chance of developing a disorder. Everybody has biological vulnerabilities or weaknesses to some diseases or illnesses, including physical illnesses, substance use disorders, and mental illnesses. Individuals vary as to which illnesses they are most vulnerable to developing. Biological vulnerability can be determined by biological factors such as genetics, as well as early environmental factors such as stress during childhood. For example, if there are several family members who have had problems related to drugs or alcohol, people in that family may have inherited an increased vulnerability to developing substance use disorders.

Stress

Stress has been shown to increase a person’s vulnerability to substance use disorders. Experiencing stress is a normal part of life. In fact, some of the most rewarding parts of life can be stressful, such as being in a loving relationship, working at a challenging job, or being a parent. But very high levels of stress over long periods of time can be harmful, especially when it occurs early in one’s life, such as during infancy and childhood. For example, stressful experiences in childhood such as physical, sexual, or emotional abuse, or neglect, can increase a person’s chances of developing a substance use disorder later in life. These kinds of experiences at a young age are sometimes referred to as Adverse Childhood Experiences (ACEs).

KEY POINT

Having a substance use disorder is not your fault.
How common are substance use disorders and mental illness (co-occurring disorders)?

Approximately 15 out of every 100 people (15%) develop either an alcohol or drug use disorder at some point in their lives. However, the chances of a person developing a substance use disorder jump to between 30 and 50 out of every 100 people (30-50%) among individuals who have a major mental illness. There are several reasons why substance use and psychiatric disorders (or co-occurring disorders) occur together so frequently, as explained below. More than one reason may be correct for any given individual.

Why are co-occurring substance use and psychiatric disorders so common?

1. **Supersensitivity.** Biological vulnerabilities related to mental illnesses can make people more sensitive to the effects of even small amounts of alcohol or drugs. This increased sensitivity (or “supersensitivity”) can result in people with a mental illness experiencing problems related to using even small amounts of substances, and going on to developing a substance use disorder despite using only modest amounts of substances.

2. **Self-medication of mental health symptoms.** Sometimes people use substances to cope with upsetting psychiatric symptoms such as depression, anxiety, tension, sleep problems, hallucinations, paranoia, or intrusive memories of traumatic events. While “self-medication” with substances may bring temporary relief, it often worsens mental health symptoms in the long run, and can lead to developing a substance use disorder.

**KEY POINT**

Having a mental illness or a substance use disorder increases the chances of developing another disorder (or co-occurring disorders) as well.
3. Social facilitation. Some people with a mental illness find it hard to connect with other people; they may feel anxious, awkward, or embarrassed in many social situations. Sometimes these individuals find that using alcohol or drugs makes them feel more comfortable around others, or they may feel less blamed or stigmatized for their mental health issues. While using substances may help (or facilitate) connecting with other people, many other problems may follow, including substance use problems or disorders.

4. Consequences of substance use. Substance use disorders can lead to life changes that increase the chances of a person developing a mental illness. For example, substance use problems can lead to the loss of valued things in people’s lives, such as an interesting job, a loving partner, or a family. Suffering such losses can contribute to developing a major depression. Similarly, substance use disorders can lead to traumatic events, such as being in an accident or getting assaulted, which can result in developing posttraumatic stress disorder (PTSD).

4. Common factors. Certain factors in life experience can increase the chances of people developing both substance use and psychiatric disorders. For example, poverty, trauma, and other negative experiences in childhood can all increase the risk of individuals developing either a mental illness, a substance use disorder, or both (co-occurring) disorders.

Let’s Talk About It
Looking at the list above, which of the reasons for co-occurring disorders being so common do you think apply to your own experience?

Have you ever used alcohol or drugs to deal with mental health symptoms? If so, what happened?

Have you ever used substances to help connect with others? If so, what was that like?

Have you experienced mental health symptoms as a result using alcohol or drugs?

Are there “common factors” which you think might have contributed to both of your co-occurring disorders?
What happens when people develop substance use disorder symptoms?

Substance use disorders can happen to all kinds of people from all different backgrounds. Some people develop substance use disorders in their teens and early 20s, while others develop them later in life. Substance use disorders can affect people in different ways, and can vary in how much impact they have on a person’s life. However, no matter how severe someone’s substance use problems have been, and no matter how many years they have had problems, it is always possible for them to stop using and get into recovery.

Substance use disorders usually begin after a period of time when the person has been using one or more substances on a regular basis. Symptoms of substance use disorder usually begin when people experience problems following an increase in their substance use. For example, people often begin to drink more or increase their use of a drug to the point where it begins to cause problems in relationships, at work or school, with legal issues, or in taking care of themselves. With this increased use, they may become physically dependent on the substance, experience cravings, and have trouble cutting down or stopping.

Let’s Talk About It

What has your experience with symptoms of substance use disorders been like?

Have you ever had a relapse of symptoms?

KEY POINT

Everyone can recover from substance use disorders.
Abstinence from using substances vs. cutting down

People who develop an addiction to alcohol or drugs often wonder if it’s possible to decrease their substance use and keep it under control, or if they need to be abstinent and completely stop using substances. While some people succeed in decreasing their substance use and controlling it without slipping back into addiction, most people who develop a serious substance use disorder find that controlled use is not possible. Rather, they are unable to continue to use small or modest amounts of alcohol or drugs, and their use eventually spins out of control. They find themselves back where they started with their substance use disorder. Thus, most people with an alcohol or drug use disorder eventually discover that being abstinent is the best solution for recovering from their addiction.

**KEY POINT**
Abstinence is usually the best solution for recovering from addiction.

---

**Let’s Talk About It**

Have you ever tried cutting down and just using a little?

Did it work? What happened?
Home Practice
Understanding the Diagnosis, Cause, and Course of Substance Use Disorders

Choose one of the following options to practice or make one up.

**OPTION 1:** Talk with someone in recovery about controlled use vs. abstinence. Ask about what worked for them and what they think is best for you.

**OPTION 2:** If you have been diagnosed with mental illness and substance use disorders in the past, make a timeline of the diagnoses you received and when you received them.

Make a plan for home practice this week:

What I will do

When

Where

With whom

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

The step I will work on

To complete this step, I will use the following plan:

When

Where

With whom
Key Points • Topic 1
Understanding the Diagnosis, Cause, and Course of Substance Use Disorders

Substance use disorders are diagnosed during a clinical interview by a professional trained in addiction.

Having a substance use disorder is not your fault.

Having a mental illness or a substance use disorder increases the chances of developing another disorder (or co-occurring disorders) as well.

Everyone can recover from substance use disorders.

Abstinence is usually the best solution for recovering from addiction.
Topic 2
Practical Facts about Substance Use Disorder Diagnoses

In the Topic 1, we learned how substance use disorder is diagnosed, and theories about what causes it. We also learned how symptoms of substance use disorder progress, and how abstaining (completely stopping use) is usually the best approach for people to succeed in recovery. In this topic, we will continue to learn more practical facts about substance use disorder.

In today’s session, we will discuss three subjects to help you understand more about substance use disorders:

💡 What are the symptoms of substance use disorders?

💡 What different types of substances are included in these disorders?

💡 Examples of people who have substance use disorders

What are the symptoms of substance use disorder?

There are 11 symptoms used to define a substance use disorder. The same basic symptoms are used for disorders related to different types of substances. In order to be diagnosed with a substance use disorder, a person has to experience at least two symptoms during the course of one year. The more symptoms a person has, the more serious the disorder is.
## Make it Your Own

### Symptoms of Substance Use Disorder

The list below describes substance use disorder symptoms. You will see a definition of each symptom along with examples of what different symptoms might look like. Review the list with your E-IMR practitioner and place an X next to any symptoms you have experienced.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Example</th>
<th>I had an experience similar to this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance is taken in larger amounts or over a longer period of time than intended</td>
<td>Going to the bar to meet a friend for one drink and instead, having five. Using methamphetamine during a party, which turns into a three-day binge.</td>
<td>![X]</td>
</tr>
<tr>
<td>Persistent unsuccessful efforts to cut down or control substance use</td>
<td>Trying to stop smoking marijuana every day, but never succeeding.</td>
<td>![X]</td>
</tr>
<tr>
<td>Spending lots of time getting, using, or recovering from using substances</td>
<td>Spending most of the day calling everyone you know in order to find cocaine. Staying in bed most Sundays to recover from a hangover from drinking the night before. Being high from 5pm until bedtime most days.</td>
<td>![X]</td>
</tr>
<tr>
<td>Having cravings, urges, or strong desires to use substances</td>
<td>Having difficulty concentrating at school because you are thinking about taking a Xanax. Feeling like you need to go out and buy some alcohol from the liquor store because you ran out at home.</td>
<td>![X]</td>
</tr>
<tr>
<td>Failing to fulfill major roles at work, school, or home due to continued substance use</td>
<td>Calling in sick to work because you’re hung over from drinking the night before. Getting poor grades in school because you can’t concentrate in class and do home assignments because you get high too often.</td>
<td>![X]</td>
</tr>
<tr>
<td>Continued substance use despite interpersonal or social problems caused by, or made worse by use of substance</td>
<td>Arguing with your partner over being emotionally withdrawn in the relationship because you are drinking and smoking marijuana so much. Getting arrested for fighting with people when you have been drinking.</td>
<td>![X]</td>
</tr>
</tbody>
</table>
### Topic 2: Practical Facts about Substance Use Disorder Diagnoses

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Important social, occupational, or recreational activities are given up or reduced because of substance use</td>
<td>Not participating in soccer league anymore because it is difficult to be physically active.</td>
</tr>
<tr>
<td></td>
<td>Spending less time with close friends because they don’t use drugs.</td>
</tr>
<tr>
<td>Recurrent use of substance in situations that are physically hazardous</td>
<td>Driving home from a party intoxicated.</td>
</tr>
<tr>
<td></td>
<td>Having unprotected sex while high.</td>
</tr>
<tr>
<td>Substance use continues despite knowledge of physical or psychological problems that have been caused by or worsened by substance use</td>
<td>Knowing your depression gets worse after you drink, but doing it anyway.</td>
</tr>
<tr>
<td></td>
<td>Having a heart problem and using cocaine despite the risks.</td>
</tr>
<tr>
<td>Tolerance: need for more substance to achieve intoxication or desired effect, or significant diminished effect with continued use of the substance</td>
<td>Drinking two drinks no longer has any effect on you.</td>
</tr>
<tr>
<td></td>
<td>Smoking marijuana at night isn’t enough and you begin to smoke midday.</td>
</tr>
<tr>
<td></td>
<td>Switching to hard liquor because beer doesn’t give you the same buzz it used to.</td>
</tr>
<tr>
<td>Withdrawal: person experiences unpleasant symptoms (such as nervousness, nausea, tremors, fatigue, agitation or sleeping problems) when he or she stops using</td>
<td>Getting cramps and feeling like you have a severe flu after running out of opioids.</td>
</tr>
<tr>
<td></td>
<td>Having a little to drink in the morning to ward off the shakes, sick feeling, and irritability in the morning after drinking the night before.</td>
</tr>
<tr>
<td></td>
<td>Continuing to use opioids to prevent flu-like symptoms from happening when you stop.</td>
</tr>
</tbody>
</table>

---

**Let’s Talk About It**

Which of these symptoms have you experienced? Which ones affected you the most? Were you able to talk to someone about what was happening at the time of the symptoms? If so, how was that helpful?

---

**Key Point**

Substance use disorders affect many aspects of a person’s life.
What different types of substances are included in these disorders?

Substance use disorders are specific to the substances being used. Here we will discuss the classifications of substances.

**Alcohol**

Alcohol is a depressant. That means it slows down many of the body’s functions, such as heart rate and lung functioning. It also impairs thinking, can reduce a person’s ability to make good decisions, and impairs motor function. Alcohol can be disinhibiting, leading people to do things they wouldn’t ordinarily do because they are not thinking about the consequences, like getting into fights or having unprotected sex. Excessive drinking can put people at risk for many health problems. Moderate drinking is defined as having up to 1 drink per day for women and 2 for men. Heavy drinking is when a person has 5 or more drinks during one drinking episode on 5 or more days in the past 30 days. Binge drinking is defined as drinking 5 or more drinks during one drinking episode, or when a person’s blood alcohol concentration rises above .08 g/dL. Alcohol withdrawal symptoms include sweating, high pulse, shakes, inability to sleep, nausea or vomiting, hallucinations, anxiety, and seizures.

Withdrawal from heavy and prolonged alcohol use can be dangerous and even deadly. Medical assistance should always be a part of care when stopping alcohol use.

**Cannabis**

Cannabis is the plant which is used to make marijuana, hashish, and hash oil. Cannabis causes problems with thinking and solving problems, memory, distortion in perception, and impairment of motor control. Withdrawal symptoms can include irritability, anger or aggression, anxiety, restlessness, depression, difficulty sleeping, and increased appetite.

**Hallucinogens**

Hallucinogens cause changes in perception including disorientation, hallucinations, increased heart rate, sweating, tremors, and lack of coordination. Commonly known hallucinogens include LSD, PCP, MDMA, and Ketamine. Withdrawal has not been noted in hallucinogens.
Inhalants

Inhalants include a variety of substances that are taken by breathing them in (inhaling, but not smoking). The effects are varied, but most inhalants are depressants and slow the body’s functioning. Other effects can include euphoria, hallucinations, dizziness, and lack of coordination. Inhalants can cause serious and permanent damage to many parts of the body and brain. Withdrawal has not been noted in inhalants.

Opioids

Opioids are often prescribed to treat pain and also create euphoric feelings in many people. Opioids slow down the body’s heart rate and breathing and can induce drowsiness, nausea, and difficulty thinking. Oxycodone, hydrocodone, and heroin are all examples of opioids. Withdrawal from opioids is very unpleasant and involves depressed mood, nausea or vomiting, muscle cramps, sweating, fever, and difficulty sleeping. Withdrawal symptoms can be eased with medical assistance.

Stimulants

Stimulants are often called “uppers” because they increase the body’s functioning, including heart rate and breathing. People usually feel more alert and experience more energy as a result of stimulant use. Cocaine, amphetamines, and methamphetamines are all examples of stimulants. Symptoms of withdrawal from stimulants include fatigue, sleep problems, increase in appetite, or problems with movement.

Let’s Talk About It

What experience do you have with these substances?
Examples of people who have substance use disorders

People from all walks of life experience substance use disorder, regardless of economic class, where they live, or what their heritage is. The section below will introduce you to people who have struggled with substance use disorder.

**Key Point**
There are countless examples of people with substance use disorder who have contributed to society.

**Famous people who have had substance use disorders**

**Stephen King**, one of the most famous authors of modern times, has struggled with multiple substances including marijuana, alcohol, Xanax, and cocaine.

**Drew Barrymore** is an actress who struggled with substance use disorders as a teen and was able to maintain her recovery and continue to have a successful career as an adult.

**Charles Dickens** (1812-1970) is known as one of the greatest authors and social critics of his time. His novels include *A Christmas Carol*, *Oliver Twist*, *A Tale of Two Cities*, and *Great Expectations*. He was a frequent opioid user and suffered from bouts of depression and probable bipolar disorder.

**Jackson Pollock** (1912-1956) is one of the most widely known painters, made famous by his approach to abstract art. He had problems with alcohol use most of his life.

**Mary-Kate Olsen** became famous as a child actor, and in adulthood has become a fashion designer. She struggled with an eating disorder and a stimulant use disorder.

**Oscar De La Hoya** is a boxing star who battled alcohol use disorder. He was eventually able to start talking about his disorder and has been in recovery after receiving treatment and engaging in self-help groups.
Other people with substance use disorders

Here are just a few other people who have had substance use disorders. They are not famous, but they are quietly leading productive, creative, and meaningful lives:

Brody loves animals and works at an animal shelter, taking care of cats and dogs and getting them ready for adoption. He spends lots of time with his family and especially loves hanging out with his nephew. His favorite time of day is the morning when he can drink coffee and watch the birds outside his window.

Amira is in school completing her master’s degree in public health. She hopes one day to be involved in making policy that helps other people access health care services.

Roberto has been living in a sober house for almost a year and is working full time as a welder for specialty equipment. He is looking for his own house and likes spending time with his closest friend Jason, who is also in recovery. Roberto hopes to find someone and be in a relationship in the future.

Let’s Talk About It

Do you know other people with substance use disorders?

If so, what are some examples of their personal strengths?
Home Practice

Practical Facts about Substance Use Disorder Diagnoses

Choose one of the following options to practice or make one up.

**OPTION 1:** Talk with someone you trust about the symptoms of substance use disorders. Get their perspective on which symptoms they've observed in you.

**OPTION 2:** If you are currently experiencing problems related to substance use, try keeping track of them over the next week. Then add them to the tables you filled out in today’s session, and write down any dates you experienced problems.

Make a plan for home practice this week:

- What I will do
- When
- Where
- With whom

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

- When
- Where
- With whom

“You have to practice something to make it your own!”
Key Points • Topic 2
Practical Facts about Substance Use Disorder Diagnoses

Substance use disorders affect many aspects of a person's life.

Different substances have different effects on people, and some symptoms require medical care.

There are countless examples of people with substance use disorder who have contributed to society.
Topic 3
Taking Positive Steps to Manage High-risk Situations

Knowledge about substance use disorders is empowering and allows you to make decisions for yourself in your recovery. People in early recovery from substance use disorders are often faced with high-risk situations involving drugs or alcohol. Learning about these situations and taking positive steps to manage them can prevent relapse and help you to feel more secure in your recovery. In today’s session we will discuss high-risk situations and ways to manage them.

This session will introduce two important subjects to help you manage situations that could put your recovery at risk:

💡 Identifying triggers and high-risk situations

💡 Managing high-risk situations

Each of these subjects will be described in more detail throughout this topic.

Identifying triggers and high-risk situations

When people decide to stop using substances, they often face situations where they used substances in the past, called high-risk situations. You can be most effective at handling high-risk situations if you plan ahead for how to deal with them.

These high-risk situations frequently “trigger” a desire to use substances. Intense desires to use are often called “cravings.” Cravings are often accompanied by powerful images and strong feelings associated with anticipated use.

A trigger can be external (occur outside of you), or internal (occur inside of you).

External Triggers

- People you used to use with
- Places where you used substances
- Things related to using substances, like a beer can, pipe, or lighter
- Situations or occasions in which you used, such as holidays, or significant events

Internal Triggers

- Thoughts (such as negative thoughts like “I am a bad person”)
- Emotions (including being angry, happy, anxious, or lonely)
- Physical experiences (such as pain or low energy)
Make it Your Own

Common High-risk Situations

Below is a list of high-risk situations that people commonly experience. Place an X next to the ones you have encountered in the past.

<table>
<thead>
<tr>
<th>High-risk Situation</th>
<th>I have encountered in the past</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being offered substances by friends or family</td>
<td></td>
</tr>
<tr>
<td>Being offered substances by a drug dealer</td>
<td></td>
</tr>
<tr>
<td>Getting a paycheck, disability check, or having extra money to spend</td>
<td></td>
</tr>
<tr>
<td>Not having anything to do, or being bored</td>
<td></td>
</tr>
<tr>
<td>Cravings to use substances</td>
<td></td>
</tr>
<tr>
<td>Social situations where people are using</td>
<td></td>
</tr>
<tr>
<td>Feeling depressed</td>
<td></td>
</tr>
<tr>
<td>Feeling tense, nervous, or anxious</td>
<td></td>
</tr>
<tr>
<td>Having intrusive images, or memories of traumatic experiences</td>
<td></td>
</tr>
<tr>
<td>Having distressing symptoms such as hallucinations</td>
<td></td>
</tr>
<tr>
<td>Having an argument with a person close to you</td>
<td></td>
</tr>
<tr>
<td>Seeing something on TV, or the Internet about drugs or alcohol</td>
<td></td>
</tr>
<tr>
<td>Having difficulty sleeping</td>
<td></td>
</tr>
<tr>
<td>Wanting to relax or have fun</td>
<td></td>
</tr>
</tbody>
</table>
**TOPIC 3** Taking Positive Steps to Manage High-risk Situations

### Make It Your Own

#### Strategies for Managing High-risk Situations

It’s important to develop strategies to deal with high-risk situations so you don’t return to using substances. Below is a checklist of strategies to cope with high-risk situations. Check off the ones that you have used successfully in the past, or that you might like to try.

<table>
<thead>
<tr>
<th><strong>Strategy</strong></th>
<th><strong>Strategy I have used or would like to try</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid high-risk places (such as bars, parties, or routes home from work that you associate with using).</td>
<td></td>
</tr>
<tr>
<td>Make a plan to leave situations if you unexpectedly encounter alcohol or drugs.</td>
<td></td>
</tr>
<tr>
<td>Practice saying “no” to offers to use substances—from strangers and people you know.</td>
<td></td>
</tr>
<tr>
<td>Change your phone number to avoid contact with dealers, or friends who use.</td>
<td></td>
</tr>
<tr>
<td>Put any extra money you get in an account you can’t access easily, or allow a person you trust to hold it for you.</td>
<td></td>
</tr>
<tr>
<td>Watch a funny movie when you feel anxious or depressed.</td>
<td></td>
</tr>
<tr>
<td>Make a schedule of things to do so that your days are busy.</td>
<td></td>
</tr>
<tr>
<td>Try doing fun new things during times you are at higher risk, like holidays or anniversaries.</td>
<td></td>
</tr>
<tr>
<td>Make a list or schedule of self-help or support groups in your area to attend when you are feeling at risk.</td>
<td></td>
</tr>
<tr>
<td>Tell someone you trust as soon as you feel a craving.</td>
<td></td>
</tr>
<tr>
<td>Copy the phone numbers of at least 5 supportive people to the favorite contacts list on your phone.</td>
<td></td>
</tr>
<tr>
<td>Use positive self-talk when you see something on TV or Internet about drugs or alcohol.</td>
<td></td>
</tr>
<tr>
<td>Add pleasant activities to your nighttime routine if you are having difficulty sleeping.</td>
<td></td>
</tr>
<tr>
<td>Make a list of fun activities you can enjoy with a supportive friend or family member.</td>
<td></td>
</tr>
</tbody>
</table>

#### Let’s Talk About It

Which strategies would you like to develop further, or try doing? Which strategy are you most interested in? What could you do in the coming week to get started on this strategy?
Home Practice
Taking Positive Steps to Manage High-risk Situations

Choose one of the following options to practice or make one up.

**OPTION 1:** Write about a high-risk situation you experienced in the past. Think about triggers you experienced and places, objects, emotions, or people that played a role in the risk.

**OPTION 2:** Try out one of the strategies for managing high-risk situations you identified in today’s session. Ask someone you trust for help.

Make a plan for home practice this week:

- What I will do
- When
- Where
- With whom

“*You have to practice something to make it your own!*”

Goal Tracking

Looking at your goal tracking sheet, which step will you work on this week?

To complete this step, I will use the following plan:

- When
- Where
- With whom
What you do makes a difference in your recovery. There are things you can do to manage high-risk situations effectively.
Topic 4
Dealing with Negative Attitudes and Beliefs about Substance Use Disorders (Stigma)

Just like with mental illnesses, people sometimes have negative beliefs and attitudes toward individuals with substance use disorders. This is called “stigma.” It’s important to recognize stigma because it can be a significant barrier to getting help for substance use disorder. This topic will help you respond in a positive manner when you experience stigma.

This session will introduce three important subjects to help you respond effectively to negative attitudes and beliefs about substance use disorder:

- Understanding stigma
- Responding to stigma
- Dealing with shame

Each of these subjects will be described in more detail throughout this topic.

Understanding stigma

Stigma associated with addiction has a long and complicated history. Many people still mistakenly believe that substance use problems are the results of moral failures on the part of the person with the disorder, rather than a disease. People in recovery are often mistakenly blamed for their problems, and their inability to recover on their own. Sometimes stigma finds its way into the language of our culture. For example, terms such as “addict,” “junkie,” or “wino” are often used in television shows, movies, and books and can reinforce negative attitudes. Stigma can prevent people from talking about their problem, and
can contribute to the shame and guilt people in recovery from substance use disorders often feel. Their families may also experience these same negative reactions.

The laws that protect people with mental illness from discrimination also protect people with substance use disorders. The Americans with Disabilities Act (ADA) makes it illegal to discriminate against people with mental illnesses, substance use disorders, and other disabilities in the areas of employment, transportation, communication, or recreation. The Fair Housing Act (FHA) prohibits housing discrimination.

**KEY POINT**

Stigma refers to negative attitudes and beliefs about substance use disorders.

---

**Let’s Talk About It**

What negative things have you heard about people with substance use problems?

Have you ever experienced stigma because of your substance use problems?
Responding to stigma

Research has shown several effective ways to combat stigma around substance use disorders. One important strategy is to address self-stigma. This means challenging inaccurate beliefs that you may have about your own substance use, such as the belief that you can’t recover from your substance use disorder.

Other effective strategies for reducing stigma around substance use disorders include educating the public, and sharing positive stories of people coping with addiction and getting into recovery. This means that sharing your own experiences, educating people in your life about substance use disorders and mental illness, and being an active member of your recovery community can reduce the stigma related to these disorders. Doing these things also helps other people get the help they need.

There are several organizations working to combat stigma, including: the National Institute of Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism, the Substance Abuse and Mental Health Services Administration, and the American Society of Addiction Medicine. More information about the effects of stigma and how to combat it can be found in Module 2, Practical Facts about Mental Illness.

Let’s Talk About It

Have you ever felt that your substance use is a sign that you failed morally?

Do you believe recovery is possible for you?
Make It Your Own

Responding to Stigma

Educating yourself and preparing to respond to stigma can be an important step toward empowerment in your recovery. Below is a list of materials you can access to help combat stigma. Place an X next to the ones you are interested in finding.

<table>
<thead>
<tr>
<th>Materials</th>
<th>Materials I am interested in finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public service announcements</td>
<td>X</td>
</tr>
<tr>
<td>YouTube videos of positive stories of recovery</td>
<td></td>
</tr>
<tr>
<td>Pamphlets or posters from government agencies about substance use</td>
<td></td>
</tr>
</tbody>
</table>

**KEY POINT**
The more you know about substance use disorders, the more prepared you are to address stigma.
Dealing with shame

Sometimes people with substance use problems blame themselves for not being able to stop using on their own. This contributes to “self-stigma.” Self-stigma about substance use problems is often reflected in feelings of guilt and shame for people in recovery. Shame can be a particularly hard feeling to experience because it often results from the belief that one is a bad person—and such beliefs can work against one’s own recovery.

It is important for you to challenge any beliefs you may have that lead to shameful feelings, such as having a substance use disorder means you are a bad person. Challenging these beliefs will help you focus your efforts on your recovery. It may help to consider this list of reasons these beliefs are incorrect:

- Vulnerability to substance use disorders is influenced by biological and other early environmental factors that people have no control over.
- People with a mental illness are more likely to develop substance use problems, and mental illnesses are not the person’s fault.
- Many people with substance use disorders succeed in getting into recovery and stopping their use, even after many years of addiction.

Strong feelings of shame and guilt can get in the way of recovery from substance use disorders because people want to avoid those feelings. Trying to avoid those negative feelings leads to not dealing with their substance use issues. Consider this quote:

“It’s not your fault that you were knocked down, but it is your responsibility to get back up again.”

Let’s Talk About It

Do you have feelings of guilt or shame about your substance use problems?

What thoughts about yourself have you had that led to those feelings?

Why do you think those thoughts or beliefs might be incorrect?

What do you think about the quote? Do you agree or disagree with it?
Make it Your Own

**Changing My Thinking**

Using strategies like challenging unhelpful blaming statements and replacing them with more accurate positive self-talk can help to combat self-stigma or thoughts of shame. Below is a table with some common examples of thoughts of shame along with some positive alternatives. Use the blank spaces to write in your own shameful and alternative positive thoughts.

<table>
<thead>
<tr>
<th>Thoughts of Shame</th>
<th>Alternative Positive Thoughts</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m a failure.</td>
<td>I have had some setbacks, but I am still trying.</td>
</tr>
<tr>
<td>I can’t stop using; I’m too stupid to figure it out.</td>
<td>All kinds of people have a difficult time stopping substance use, even doctors and lawyers.</td>
</tr>
</tbody>
</table>

**Let’s Talk About It**

Have you ever thought you were a bad person for having problems with substance use? What helped you deal with this negative self-talk and shame? How can you use positive self-talk strategies in your daily life?

**KEY POINT**

It’s important to work on self-stigma and shame to enhance your recovery.
Recovery Corner

“I GROW UP IN A FAMILY where both of my parents drank and fought a lot. My father was also physically abusive to my mother, my little brother, and me. I never thought I would be like them when I grew up, but I started drinking when I was a teenager and loved how it made me feel. When I moved away from home and started working full time, I began using drugs as well. I developed a methamphetamine addiction. Meth made me feel like I was on top of the world, and it gave me an escape from depression problems I’d been having on and off for several years. My life soon became focused on buying and using as much meth as I could, and drinking to help me come down when I ran out of meth or needed some sleep. I kept losing jobs and my depression worsened, but that didn’t stop me from using.

One day, the police stopped my boyfriend and me because he was speeding. I had meth on me, so I was arrested. Instead of going to jail, the judge offered me the chance to enter a treatment program for my addiction and mood problems. While in the program, I decided to stop using meth because it had gotten me into a lot of trouble. At the time, though, I still thought I would be able to drink. My therapist said my best chance of recovery was to stop using everything, but I thought I knew better. I started drinking again as soon as I left the program. Everything spun out of control again, including my depression, and then I made a suicide attempt. Thank God I didn’t succeed.

When I got back into treatment, I knew I had to stop using—both drugs and alcohol. I knew I couldn’t control my use, and using only made my depression worse. It took me a bunch of times to get into recovery and stop using—but I finally did it. And being sober helped to get my depression under control. Now I can really live my life. I’ve been working for the past three years, and am in a loving relationship with someone who doesn’t use substances.”

— Lilly
**Home Practice**

Dealing with Negative Attitudes and Beliefs about Substance Use Disorders (Stigma)

Choose one of the following options to practice or make one up.

**OPTION 1:** If you have experienced stigma, describe what happened and how it affected you. Write it down and consider sharing it with someone you trust.

**OPTION 2:** Choose one of the shameful thoughts from today’s session and practice saying the alternative positive thought to yourself each day.

**Make a plan for home practice this week:**

- What I will do
- When
- Where
- With whom

**Goal Tracking**

Looking at your goal tracking sheet, which step will you work on this week?

**To complete this step, I will use the following plan:**

- When
- Where
- With whom
Stigma refers to negative attitudes and beliefs about substance use disorders.

The more you know about substance use disorders, the more prepared you are to address stigma.

It’s important to work on self-stigma and shame to enhance your recovery.