

RECOVERY FROM MARIJUANA PROBLEMS



STRATEGIES FOR
POSITIVE CHANGE

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Any questions or concerns about treatment for marijuana abuse or dependence should be directed to a professional experienced in addiction medicine (physician, nurse, social worker, psychologist, therapist, addiction counselor).

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Authors Note

We wish to thank Cindy Hurney for designing this workbook.

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About this Workbook

This *Workbook* is designed to help individuals recovering from marijuana use disorders, including those with other drug or alcohol problems. It provides information about marijuana, types, causes and effects of marijuana problems, treatment options and recovery. Recovery strategies are presented to help manage cravings, people, places and things, manage emotions or feelings, use social support and develop a recovery network, deal with effects of your problem on your family, reduce relapse risk, and address other addictions or co-occurring psychiatric disorders. This information is compatible with the different therapies for drug abuse and dependence as well as 12-Step recovery programs.

About Interactive Workbooks and Journals

Workbooks and journals are brief, informative, user-friendly and useful for individuals with substance use disorders, psychiatric illness, and/or co-occurring disorders. These materials can be used in addiction medicine, mental health and co-occurring disorders programs. Many are listed on the back page of this workbook. Descriptions of materials are available on the webpage: www.drdeniscdaley.com.

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1. Understanding Marijuana Problems

The Many Faces of Marijuana Problems

“My problem with marijuana started when I was 15. I smoked pot almost every day. At first it helped me relax and sleep better, and forget about my worries. Then, I had a hard time doing my homework, and lost interest in school and sports. With encouragement from my parents and at the advice of my doctor who I told about my drug use, I got counseling. I realized that I had to quit smoking pot and learn to cope with stress without smoking. I’ve been off drugs over a year and am doing better. I’m even back on the swim team at school.” --Matt, age 17

“I denied my drug and alcohol problem for years. My drinking problem came to the attention of my boss who pressured me to get help. It’s a good thing because my wife was ready to leave me if I didn’t do something about my pot use and my drinking. She went to some counseling sessions with me. Things are better now, but it took awhile because I relapsed before realizing I could not ‘control’ my marijuana use. I thought it was a benign drug, but found it easier to quit alcohol than pot.” --Jason, age 30

“I started using marijuana at 13. Smoking lead to alcohol and cocaine use. Using and drugging got me in trouble with school and at home. I got arrested at age 16 for a DUI and got busted for possession of marijuana. The court made me go to treatment, which I thought was a big joke. I lied and scammed my way through treatment to get people off my back knowing I was still going to get high. I kept messing up until I realized at age 23 that my life was a big disaster and I was going nowhere. Others my age finished school and had jobs or careers. Me, I was working for minimum wage and getting fired for my bad attitude or missing work. When I got back in treatment I took it serious. I’m sober, active in counseling, go to NA and AA meetings, have a Sponsor, work the 12-Steps, work part-time and go to school full-time. I can succeed in life if I take my sobriety seriously and make it a high priority in my life. Life is better without drugs, but it took me time to learn this.” --Carlie, age 25

“I’ve had a problem with marijuana for years. I smoked to feel relaxed, “blow off steam” but I became more depressed, unmotivated and unable to function. Yet I kept smoking. I couldn’t believe my addiction to marijuana was ruining my life. I knew guys addicted to heroin and cocaine and thought they were worse off than me, but I was just as bad. Finally, I went to rehab. After rehab I went to a day program for 6 weeks, then counseling and NA. It hasn’t been easy, but I am doing better now. I still get desires to use, but know this is normal for somebody like me with a severe addiction to marijuana. “I have to stick with the winners in NA and work my program.” --Robert, age 36.

“I was a popular girl in school and college and did well. So I never thought that I could get hooked on marijuana. But I did. Even though I told myself I would quit after college I actually smoked more. And, as I smoked more, I drank more. It led to many bad

decisions like having sex with men I just met or having sex without using protection. I quit on my own for awhile, then went back. I limited my use for awhile, but it got out of hand. I now accept that I have an addiction to a drug that can ruin your life if you let it. I'm off drugs and alcohol now. With the help of a counselor and NA, I've been able to face my addiction, stop using and get my life back on track. I'm now in graduate school and look forward to a professional career. I haven't used in more than two years. – Jenny, age 27.

“I didn't smoke much in high school, but used more in college even though I was on an athletic scholarship. I failed a random drug test my second year in school and was put in a program to help athletes who test positive. I was surprised when the therapist I saw told me that my alcohol use was quite heavy and we should take a close look at this. I didn't think I drank more than most of my friends so at first I didn't understand why this was a big deal. After partying and drinking too much one weekend, I started smoking pot again. Two months later I failed another random drug test and was suspended from the team. My coach said if I failed another drug test she would take my scholarship away and kick me off the team. What a wakeup call! I'm a good student, but I also realized that my grades slipped a bit too because of my partying. So, I finally got serious about looking at my drug and alcohol use.” –Bethany, age 20

“My husband Fred died at age 48 from lung cancer. He was a daily pot smoker most of his life and his marijuana use played a significant role in his death from lung cancer. I had used with him for many years, then quit. I regret he never quit because I lost my husband and our children lost their father to cancer.” --Liza, age 46

As these cases show, problems with marijuana vary when they start, how severe they are and their consequences. Matt developed a problem at the age of 16. Some marijuana users like Carlie and Bethany also develop other drug and alcohol problems in addition to marijuana. While Jason got help before losing his job, Robert and Carlie both lost jobs due to their drug problems. Yet, despite problems they faced, all got help and are now sober even though some relapsed and had to get back on track. Fred died from cancer, which his marijuana use played a significant role.

More than 29 million Americans (11.5%) ages 12 or older report abusing marijuana in 2010, which is an increase from past years. Among young people, more abuse marijuana than smoke cigarettes and the rates of marijuana use also increased. Marijuana is much more potent today than in the 1970's, leading to more people abusing it or getting addicted to it. More adolescents and young people are being treated today for addiction to marijuana even though many thought it was not possible to get addicted to this drug.

Many people with marijuana abuse or dependence also have problems with alcohol and other drugs such as cocaine and opiates. Any of these substance problems can cause or worsen medical, psychological, family, relationship, work, financial, legal and spiritual problems. And, they can contribute to reduction in your lifespan and quality of your life.

Purpose of Workbook

This workbook will help you to understand marijuana and types of marijuana problems including addiction to it. You will review your history of marijuana and other substance use and the effects of drugs and alcohol on your life. You will learn about treatment options for marijuana problems and how you can engage in recovery to help you learn ways to meet the challenges of stopping your drug use. And, you will learn strategies to help you reduce your risk of relapse after a period of recovery. Discuss your answers to questions and inventories with a therapist, counselor or NA sponsor.

Marijuana

Marijuana, called pot, grass, reefer, weed, herb, Mary Jane, or mj, is a greenish-gray mixture of the dried, shredded leaves, stems, seeds, and flowers of cannabis sativa, the hemp plant. Hash is the resin from this plant that is smoked in pipes or bongs. Most users smoke marijuana in hand-rolled cigarettes called joints. Some use pipes or water pipes called bongs to smoke. Many young users smoke marijuana cigars called blunts (users slice open cigars and replace the tobacco with marijuana, sometimes combined with another drug, such as crack cocaine). Marijuana is sometimes mixed and eaten in foods.

There are over 400 chemicals in marijuana, but the major active one is called delta-9-tetrahydrocannabinol (THC), which causes the mind-altering effects of intoxication. The amount of THC (which is also the psychoactive ingredient in hashish) determines the potency and, therefore, the effects of marijuana. In other words, THC is the chemical that trigger marijuana's main drug actions and effects in the body and brain.

Within a few minutes after inhaling marijuana smoke, the heart begins beating more rapidly and blood vessels in the eyes expand, making the eyes look red. As THC enters the brain, it causes a user to feel euphoric or "high" by acting in the brain's reward system, areas of the brain that respond to stimuli such as food as well as most drugs of abuse. THC activates the reward system in the same way that nearly all drugs of abuse do, by stimulating brain cells to release the chemical dopamine.

Medical, Psychosocial and Social Consequences

The effects of marijuana depend on the amount and frequency of use and your mental state. The acute effects during intoxication may include forgetfulness, poor attention span and reduced ability to concentrate, poor judgment, impaired coordination, increased heart rate, increased appetite, feelings of anxiety or panic, hallucinations or paranoia.

Marijuana use can impair your memory and ability to learn. These may improve when you quit. If you are a chronic or long-term user, there are many potentially negative effects of this drug. You can get addicted and drug use can dominate your life. You are at increased risk for chronic cough, bronchitis, and emphysema and lung cancer (remember the case of Fred on page 2). Long-term use can trigger a short-term drop in

the hormones that direct growth and development and lower sperm production in males. And, it can affect the balance of hormones that control the menstrual cycles of girls and women.

There is an association between chronic marijuana use and increased rates of anxiety, depression, suicidal ideation, and schizophrenia (a serious psychiatric illness). Marijuana use may cause psychiatric problems or make them worse.

Marijuana abuse or addiction can also cause problems in other areas of your life. It can damage your relationships, cause you to do poorly or drop out of school early, cause problems getting or holding a job, cause financial, legal or spiritual problems, and lower your motivation to do well in life. Marijuana use can also impair your driving, especially when combined with alcohol.

Many people with marijuana problems also have problems with alcohol, nicotine or other drugs. As a result, it can contribute to any of the medical, psychological, social or other problems mentioned.

How Long Does Drug Stay in Your Body?

The duration of Marijuana's effect depends on THC (Tetrahydrocannabinol) quality and concentration, the element that can stay in your body from 3 up to 90 days after smoking marijuana or ingesting it orally. Its' detection time is determined by your health, body weight, your metabolism, fluid intake and amount and type and quality of marijuana you use. It also depends on THC half time, which varies within the period of **1-10 days**, making the calculation of its' elimination from the system of a particular individual extremely difficult, if not impossible. The average amount of time varies approximately from 3-30 days. Marijuana can stay in your body up to a month if you have used in the past few days. In cases of more chronic or regular use, it can be detected up to two months or longer. Some substances can cause false positive testing for marijuana such as ibuprofen (Motrin, Advil) and naproxen (Aleve).

Medical Marijuana Use

Medical cannabis (also referred to as *medical marijuana*) refers to the use of cannabis, including constituents of cannabis such as THC, as a doctor recommended form of medicine. The medicinal value of cannabis has been disputed. However, it does have beneficial effects for some patients with AIDS, cancer or glaucoma by relieving nausea or vomiting or increasing appetite. This drug can also lower intraocular eye pressure for patients with glaucoma and relieve pain for some patients. Two approved medications in the U.S. that are taken orally are dronabinol and nabilon. The Food and Drug Administration issued an advisory against *smoked* medical marijuana because it has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and has a lack of accepted safety for use under medical supervision.

Unfortunately, too many people scam doctors in an attempt to get this drug when they really don't need it for any legitimate medical reason.

What is Marijuana Abuse?

Marijuana abuse refers to a pattern of marijuana use leading to problems or impairment by showing one or more of the following within a 12-month period of time:

- You do not fulfill your major role obligations at home, work or school due to using marijuana; it interferes with your life.
- You use in situations where it is dangerous (driving a vehicle after using).
- You have legal problems as a result of using (arrested for possession).
- You have family, work, school, relationship or other problems caused or worsened by your marijuana use.

Some users do not become addicted. However, some do with the progression to addiction coming quickly for some and gradually for others. Even people who do not have a pattern of excessive use of marijuana can experience a serious consequence from a single episode of smoking. Paranoia, accidents, sex with strangers or without protection are examples of negative outcomes when you use and your judgment is impaired.

What is Marijuana Addiction?

The American Psychiatric Association states you are “dependent” (addicted) on marijuana when three of these symptoms are present during a 12-month period:

- *Loss of control:* you use more marijuana or use for a longer period of time than you intended.
- *Can't cut down:* you have a desire to cut down or control your marijuana use but you haven't been able to do this. You may stop or cut down for awhile, then go back to using.
- *Marijuana is too important in your life:* you spend too much time getting, using or recovering from the effects of marijuana.
- *Give up activities:* you give up important social, work, leisure, or spiritual activities due to your marijuana use.
- *Use despite problems:* you continue to use marijuana even though this causes problems with your health or life.
- *Tolerance change:* it takes you more marijuana than it used to before you feel buzzed up, high or intoxicated. Or, you are affected by lesser amounts of marijuana and cannot handle as much as you used to be able to use.
- *Withdrawal symptoms:* you experience symptoms when you cut down or stop marijuana after you have been using on a daily basis for a while. Withdrawal is not as severe as it is with alcohol or opioids but does happen.

Marijuana use can lead to addiction or compulsive drug seeking despite knowing the harmful effects. Long-term users report withdrawal symptoms such as irritability, sleeplessness, decreased appetite, anxiety, sadness and drug craving, all of which make it difficult to quit. These withdrawal symptoms begin within one day following abstinence, peak at 2–3 days, and subside within 1-2 weeks after stopping the drug.

What Causes Marijuana Problems and Addiction?

Scientists refer to marijuana addiction (and other drug addiction) as a “brain disease” since drugs disrupt the part of your brain responsible for experiencing pleasure, controlling how you think, solve problems, manage emotions and relate to others. Addictive drugs like marijuana are thought to interact with your brain’s reward system and provide you with “positive reinforcement,” which leads to continued use despite problems caused by it. Using may become more important than “natural rewards” from eating, sex, socializing with friends, or other positive experiences or accomplishments. Psychological factors contributing to marijuana problems include your personality, coping skills and ability to manage problems and stresses in your life. Social factors include access to marijuana, and the influence of family and friends to use drugs. While many factors contribute to marijuana problems, your task is to accept your problem, figure out how severe it is, decide if you want to quit using and then work hard to stay drug free and change your life.

Adolescents and Marijuana Use

Illicit drug use and abuse has been rising gradually among students over the past four years, mainly because marijuana use has increased. In 2011, 50% of high school seniors reported using an illicit drug at some time with rates of marijuana the highest. This is in sharp contrast to the considerable decline that had occurred in the preceding decade. Daily marijuana use is now at a 30-year peak level among high school seniors.

Most importantly is the rise in daily or near daily marijuana use (using 20 or more times in the prior 30 days). Current daily marijuana use rose significantly last year. About 1 in 15 high school seniors smokes pot daily or nearly every day, the highest rate since 1981.

One possible explanation for the increase in marijuana use is that in recent years fewer teens report seeing “great risk” or much danger associated with marijuana use, even with regular use. If young people do not see a drug as dangerous, they are more likely to try it and continue to use it. The rate of disapproval of marijuana use among teens also has fallen over the past three or four years, suggesting a lowering of peer norms against use. What this means is that marijuana use is more accepted now.

“Synthetic marijuana” (called K2 or spice) was used by one in every nine high school seniors (11.4%). This is a product legally marketed as herbal incense that can get you high if you smoke it. Adolescents may be tempted to use this product because they buy into the idea that it is made up of “natural” ingredients, which they may believe are safe and legal. This drug is sold online or in drug paraphernalia shops as “potpourri,” and is

meant to have the same effects as the “real” drug cannabis. Some experts argue smoking synthetic marijuana is more dangerous because it could contain dangerous chemicals. At least 18 states have banned synthetic marijuana.

The Adolescent Brain

Adolescence is a critical time of ongoing brain development. When THC, the active ingredient of marijuana enters the brain it acts on the reward system, which causes the user to feel high or euphoric. Similar to most other drugs, THC stimulates brain cells to release a chemical called dopamine. THC also attaches to cannabinoid receptors on nerve cells in the brain, which regulate movement, coordination, learning and memory, judgment and ability to experience pleasure. Chronic and heavy use is associated with cognitive problems such as low attention span, poorer performance on thinking tasks and poor verbal memory. This is associated with poor grades in school and higher dropout rates among marijuana users.

Consequences for the Adolescent

While marijuana use can affect any age group, the use of marijuana among adolescents is associated with a range of developmental and social problems. As we stated earlier, marijuana use can affect memory, attention span and ability to think clearly. Adolescent use is also associated with impaired driving leading to higher rates of accidents, including fatal accidents. It can also affect delinquent behaviors leading to trouble with the law. Using marijuana once per week or more during adolescence is associated with a 7-fold increase in the rate in the daily use in young adulthood. Some young college athletes who test positive for marijuana may get suspended from the team. Repeated positive tests can lead to dismissal from the team and loss of an athletic scholarship.

Using marijuana at an early age is also associated with poorer school performance and increased absent days from school. Chronic use of marijuana is associated with respiratory illnesses, cognitive problems and low motivation. Using marijuana from an early age puts the person at risk for increased chances to suffer from depression, anxiety and impaired emotional development.

Recovery Activity

1. Describe when you started using marijuana, why you continued to use it, and what all you liked about it.

2. Why did you come to treatment for your marijuana problem? Who convinced or pressured you to seek help, and why did they do this?

3. Describe your thoughts about and motivation to quit using marijuana or using other substances.

4. What will you miss most about not using marijuana if you quit?

5. How would you rate your need for help to deal with your marijuana problem?

- Not sure if I need help I need help I definitely need help

6. How would you rate your need for help to deal with another drug or alcohol problem?

- Not sure if I need help I need help I definitely need help

2. Assessing Your Marijuana Problem

To help you decide upon what you need to do regarding professional treatment and recovery, complete the following by answering questions and checking the items that relate to your use of marijuana and other drugs.

Substances I have used or gotten high on (check all substances you have ever used)

- Marijuana (pot or hash)
- Alcohol
- Cocaine: crack, freebase, powder
- Methamphetamine (meth, ice) or other stimulants or uppers
- Opioids: heroin, pain pills or narcotics such as percocet or oxycontin
- Designer or “club” drugs (Ecstasy, GHB, and Ketamine)
- Hallucinogens (LSD, STP, DMT, mushrooms) or PCP (angel dust)
- Inhalants (glue, gasoline, solvents, poppers, snappers)
- Tranquilizers such as benzodiazepines, sleeping pills, sedatives or downers
- Others (write in): _____

How many days did you use marijuana in the past 90 days? ____

How many joints or blunts do you usually smoke when you use? _____

How old were you when you first smoked marijuana? _____

How long have you been using marijuana? _____

How many days have you used other illicit drugs (heroin, cocaine, pot, hallucinogens) or non-prescribed drugs (narcotics, tranquilizers) in the past 90 days? ____

How long have you been getting high on illicit drugs or non-prescription drugs? ____

How many days did you use any alcohol in the past 90 days? ____

How many days have you been buzzed up or drunk on alcohol in the past 90 days? ____

How many drinks do you consume in an average week (a drink is equal to a 12-ounce beer, a 5 oz glass of wine, or a shot of liquor)? ____

My pattern of marijuana and other substance use (check items describing your use)

- I use every day or on most days of the week.
- Once I start using, I usually can't stop and end up using too much.
- I can consume large amounts of marijuana; my tolerance is high.
- My tolerance has gone down, and I get high with smaller amounts.
- I have had withdrawal symptoms when I stopped or cut down marijuana use.

- I've tried to cut down or stop, but I couldn't.
- I've hidden marijuana or snuck it so others wouldn't know I was using.
- I've done things to "cover up" the smell of marijuana so I could use.
- I've lied about my marijuana use to family or others.
- I've carried marijuana in my car, purse or kept some at work.
- I've used other forms of marijuana (mixed with foods or brewed in tea).
- I started using early in life (before or during teenage years).
- I've used marijuana while at work or during breaks.
- When I use marijuana, I'm more likely to use other drugs or alcohol
- I use other street drugs (heroin, cocaine, meth, etc.).
- I use other people's prescription drugs (narcotics, benzodiazepines).
- I drink too much alcohol.
- Other: _____

How would you rate the severity of your marijuana problem?

- Not sure Low Moderate Severe

How would you rate the severity of your other drug use problem?

- Not sure Low Moderate Severe

How would you rate the severity of your alcohol use as a problem?

- Not sure Low Moderate Severe

What conclusions would you draw about your marijuana use?

Discuss this completed review with a professional who understands marijuana problems or an NA sponsor. An "objective" person can help you determine what kind of treatment program or recovery plan you need. Summarize their views of your drug problem.

3. Evaluating the Effects of Your Problem

In the previous section, you examined your pattern of marijuana and other substance use. In this section, you will review the effects of marijuana, other drug use and alcohol use on different areas of your life.

Check the items that relate to your use of marijuana or other substances. Be honest in how you answer this because it can be used to help you develop your recovery plan. You may also find that some problems you never thought were related to your marijuana or other substance use actually were caused or worsened by your use.

Effects of use on physical, dental or sexual health

- My use caused or worsened medical problems.
- As a result of use, I didn't take care of my health or appearance.
- I've been injured in automobile accidents after driving while high.
- I've been injured in accidents or falls when high.
- I've been in fights when using marijuana, alcohol or other drugs.
- I've said or done things when using that I could not remember (blackouts).
- I have had sex with strangers or unprotected sex when using marijuana, other drugs or alcohol.
- My use led to other unsafe or unusual sexual behavior.
- My use of marijuana led to the use of other drugs or alcohol.

Effects of my use on behaviors and physical, mental, spiritual health

- Using became central in life or too important to me.
- I'm not sure that I want to stop using marijuana or other substances.
- I'm not convinced that I have a problem with marijuana.
- I've been arrested as a result of using (possession or selling).
- When I use, my behavior becomes unpredictable.
- I've hurt others or threatened them while under the influence of substances.
- I lied about my drug use to cover it up.
- I feel guilty or shameful for things I've done because of my drug problem.
- I've done things while using that others will find hard to forget or forgive.
- My use has caused or worsened emotional or mental problems.
- I've thought about or attempted suicide when high on drugs or alcohol.
- When I am using, I act on my feelings without thinking things through first.
- I've done bad things as a result of my using.
- I've made foolish decisions when using.
- I've experienced financial problems as a result of my substance use.
- I've been a victim of violence (robbed, beat up, etc) when using.
- My use caused problems in school (low motivation, poor grades, kicked out, quit).
- I've quit jobs, got fired, or had serious job problems due to my using.
- Using has led to feeling spiritually empty or losing my religion or faith.

Effects of substance use on family and social relationships

- My use has caused problems for my family.
- I've neglected or avoided family responsibilities.
- My use has led to financial hardships on my family.
- I avoided my family or failed to take an interest in them.
- My use has ruined holidays or special occasions.
- I conned or lied to my family to get money for drugs or cover my problem.
- I stole from my family to get money for marijuana or other drugs.
- My spouse or partner left or divorced me due to my drug problem.
- I've had children taken away due to my addiction to marijuana or other drugs.
- One or more of my kids has a problem with alcohol, marijuana or other drugs.
- Some of my family members avoid me because of my using.
- I've spent too much time with others who get high.
- My use caused me to give up important hobbies or sports activities.
- I've lost friendships over my marijuana problem or other substance problem.

Other things that have happened to me or problems that have occurred because of my marijuana problem or other drug or alcohol problem include:

In summary, to what degree has your marijuana, alcohol or other drug use harmed your:

- Physical health: __not sure __small degree __moderate degree __severe degree
- Mental health: __not sure __small degree __moderate degree __severe degree
- Motivation in life: __not sure __small degree __moderate degree __severe degree
- Family/social life: __not sure __small degree __moderate degree __severe degree
- Spiritual health: __not sure __small degree __moderate degree __severe degree
- Financial health: __not sure __small degree __moderate degree __severe degree
- Work/job: __not sure __small degree __moderate degree __severe degree
- School: __not sure __small degree __moderate degree __severe degree
- Sports: __not sure __small degree __moderate degree __severe degree

4. Treatment for Marijuana Problems

Many treatment services and programs are available for marijuana, alcohol and other drug problems. These include detoxification, residential rehabilitation, partial hospital, intensive outpatient, outpatient and continuing care programs. The more severe your problem, the greater likelihood you may need a more intensive treatment program.

A short-term residential rehab (less than 30 days), partial hospital (also called day or evening program) or intensive outpatient program (3-6+ weeks) can help when you need time in a drug-free and structured treatment environment to learn strategies to manage an addiction to marijuana, alcohol or other drugs. A longer term (several months or longer) halfway house or therapeutic community program can help if you have had several previous attempts at recovery from drug addiction. These longer-term programs can also help you with vocational issues and job preparation.

Outpatient counseling or therapy can help you deal with problems contributing and resulting from your marijuana and other substance problem, and to meet the challenges of recovery. This may precede or follow residential, partial hospital or intensive outpatient care. This treatment can also help you figure out if you have a drug problem if you are not sure.

Mutual support programs such as NA can help you learn ways to manage your problem and build a recovery support system. If you actively participate in NA in addition to counseling you increase your chances of recovery. If you have problems with alcohol, consider AA; if you have problems with cocaine or meth, consider CA or CMA, 12-step programs for stimulant addiction.

Medications for Marijuana Dependence

Although no medications are currently available, recent research about the effects of marijuana on the brain offer promise for the development of medications to ease withdrawal, block the intoxicating effects of marijuana and prevent relapse.

Making the Most Out of Treatment

Many studies show that treatment is effective in helping people with marijuana or other substance problems. To get the most out of treatment, follow these four guidelines:

- *Keep your appointments and stay in treatment.* Do not create excuses and leave treatment against the advice of the people providing your care. Dropping out early is usually a bad sign, and often precedes relapse. Be honest and open in your sessions. Do not keep secrets, especially if you relapse. Attend all sessions even if you are struggling with your recovery or your motivation is low.

- *Follow through with the agreements you make with your counselor, group or treatment team.* Treatment gives you an opportunity to change. Learn as many coping strategies as you can to manage your marijuana problem and change your life.
- *Get active in the NA program.* Go often to meetings, share your problems and struggles with your sponsor or other members, work the 12-steps, read recovery literature, and attend activities sponsored by 12-step programs. Ask peers for help and support. Help set and clean up at meetings. ***Do not try to recover alone!***
- *Get help with other problems that can complicate your recovery.* Get physical and dental exams. Get help with mental health or other problems as well.

Recovery Activity: Review of Past Treatment Experiences

1. Check the types of treatment you have received in the past for your marijuana, alcohol or other drug problem. For each item you check under “treatment programs and counseling or therapy,” write in the number of different times you received this treatment.
 - Residential or hospital-based rehab (less than 30 days): # of times ____
 - Residential or hospital-based rehab (more than 30 days): # of times ____
 - Partial Hospital or Day/Evening Program: # of times ____
 - Intensive Outpatient Program: # of times ____
 - Outpatient Counseling: # of times ____
 - Program for Dual Diagnosis (Addiction + Psychiatric Illness): # of times ____
 - Specialty Program for Criminal Justice Problems: # of times ____
2. How many times have you left a hospital, or rehabilitation treatment program against medical advice? 0 1 2 3 4 5 over 5
3. How many times have you stopped or left an outpatient, intensive outpatient or partial hospital program early, before you finished it? 0 1 2 3 4 5 over 5
4. Overall, how would you rate your personal investment in treatment in the past?
 - None Low Moderate High Varied
5. Overall, how would you rate your personal investment in treatment at the present?
 - None Low Moderate High
6. What are your goals related to your marijuana use at this time?
 - Not sure Stop completely Cut down a lot Cut down a little
7. What are your goals related to your use of alcohol or other drugs at this time?
 - Not sure Stop completely Cut down a lot Cut down a little

5. Recovery from Marijuana Problems

Recovery from marijuana problems including addiction is the process of staying drug free and making changes to improve your health and the quality of your life. At first, recovery can be hard because you may need to quit using marijuana and other drugs, and make personal changes.

There are many paths to recovery. Some people use professional treatment, and some use mutual support programs like NA, other 12-step programs, and non 12-step programs. Many use both professional treatment and mutual support programs while some people change their marijuana problem on their own.

We view recovery from addiction as a long-term process that may involve physical, family, social, mental and spiritual components. The specific areas you change depend on your view of your marijuana or other substance problem, your motivation to change, and how you want your life to be. Each of these areas of recovery is discussed below. You may not need to make changes in all these areas but you should look at all areas of your life when you put together a recovery plan.

Physical Recovery

Marijuana, alcohol or other drug use, poor eating habits, and not taking care of medical or dental problems take a toll on the body. Get regular check-ups with your doctor and dentist, and seek treatment if you have any problems. Areas of physical recovery to consider include diet, eating habits, and weight; exercise habits; sleep, rest, and relaxation patterns; cravings for marijuana and other substances; nicotine use, and the use of medications. Treatment can help you learn to manage marijuana cravings, relax without needing to use, and improve your health care habits. Use recovery as an opportunity to improve your overall physical health.

Psychological Recovery

This involves accepting your problem and developing a desire for recovery, changing behaviors, and using coping skills to handle emotions, problems and stresses. Many people in recovery from marijuana abuse or addiction also have a psychiatric disorder. Some also have other addictive disorders such as compulsive overeating, gambling, sex or shopping. Professional treatment and/or mutual support programs can help you address psychiatric illness or other addictions.

Family Recovery

Marijuana and other substance problems can have negative effects on individual family members, including children. The specific effects on your family unit and individual

members depend on the severity of your marijuana and other substance problem, your behaviors, coping strategies used by your family members and the availability of support inside and outside the family.

Recovery involves honestly facing the impact you have had on your family. This can be addressed in counseling and NA. Steps 8 and 9 of NA focus on “making amends” to family or friends harmed by your marijuana problem.

Involve your family and concerned significant others in some of your treatment sessions, and encourage them to learn about marijuana problems and attend mutual support groups like Nar-Anon. If they have a mental health problem like clinical depression, help them get the treatment they need. Seek advice from your counselor if you are concerned with any family member, including a child.

Social Recovery

Marijuana and other substance problems harm relationships. Relationships may end because you ignore or push others away. These problems also may affect your hobbies and leisure interests, sports activities, cause legal problems, difficulties at school or work (late or miss school or work, lowered motivation or productivity), loss of job, and underemployment or unemployment.

Social recovery involves learning to resist pressures from others to use marijuana, alcohol or other drugs, avoiding high-risk people, places and events and developing a network of people who support your recovery. It may also involve changing relationships and addressing problems caused by your addiction. For example, you may have to make new friends or engage in new leisure activities that do not evolve around using drugs. When you have a network of people who you can rely on for support and help, you reduce your risk of relapse. This may require learning to reach out and ask for help or support from others as you may not feel comfortable doing this or even know how to.

Spiritual Recovery

Addiction to any drug including marijuana can rob your life of meaning or make you feel empty. Relying on a Higher Power or God and addressing spiritual issues may give you meaning, strength and hope.

Marijuana and other substance problems may cause you to say and do things you normally would not say or do because of your values or beliefs. You may feel guilt and shame if your behaviors hurt others. Guilt refers to feeling bad about what you have done or failed to do. Examples include hurting family members or friends by being irresponsible, lying, conning, or failing to take an interest in their lives. Shame refers to feeling bad about your “self.” Shame is feeling “less than” others, feeling like a failure, or feeling defective because you have an addiction.

Recovery provides the chance to overcome guilt and shame, and feel better about yourself. Marijuana addiction often causes people to lose their sense of direction and meaning in life. For some, life becomes meaningless as their marijuana use controls how they live. Recovery helps you gain meaning and re-establish connections with others.

Recovery Activity

Of the areas of recovery discussed, list one that is important to you at this time. Then, list steps you can take to work on this recovery issue, and the positive outcome of making a change.

Recovery Issue:

Steps to Take to Address Recovery Issue(s):

Positive Outcome of Change:

Summary of Recovery Strategies

- Work your recovery program one day at a time. Do not rush your recovery!
- Get input about your program from a counselor, therapist, other medical professional and/or NA sponsor.
- Accept the ups and downs of recovery. Stick with recovery even in times of difficulty. Accept that life will always bring you some struggles and problems.
- View recovery from an addiction as abstinence from marijuana and other drugs plus change.

- Take care of your health, get enough rest and sleep, exercise and follow a reasonable diet. Learn to manage cravings for marijuana or other drugs.
- Accept your marijuana problem and use positive coping skills to improve your thinking and manage emotions, problems and stresses in your life. Get help if you have a psychiatric disorder.
- Involve your family in recovery and make amends for damage you caused them.
- Seek help and support from others in recovery. Recovery is a “we” not an “I” program. Get a sponsor, attend NA meetings, “work” the 12 Steps, and use the “tools” of the program (meetings, literature, slogans).
- Be prepared for people, places, events and things that are “triggers” to using marijuana, alcohol or drugs. Learn to refuse offers of marijuana or other substances.
- Keep busy and have fun. Build non-substance using activities in your life.
- Focus on spiritual or faith issues in recovery. Rely on God or your Higher Power, and use faith-based support.
- Take care of your financial responsibilities and learn to manage a budget.
- Know your relapse warning signs and high-risk factors. Catch signs early so you can take action. Develop strategies to manage your high-risk relapse factors.
- Don’t let setbacks or problems drag you down. Learn from your mistakes and get back on track.
- Take a daily inventory in order to remain vigilant about your recovery.
- Read about marijuana problems and recovery. Search the Internet under marijuana problems, marijuana abuse or dependence.
- Go to www.nida.nih.gov for information on all types of drugs including marijuana as well as treatment of drug abuse or addiction.
- You can also go to the author’s webpage: www.drdeniscdaley.com for recovery materials related to the issues summarized in this section. Go to the “*Substance Use Disorders*” section for recovery guides on topics such as using 12-step programs, building a sober network, managing emotions and relapse prevention.

6. Managing Drug Thoughts and Cravings

Thoughts about and cravings for marijuana are common, especially in the early months of recovery. Cravings differ in frequency or intensity and may occur even if you are working a recovery program. Learn your triggers, know physical and mental signs, and use active coping strategies to control thoughts and manage cravings for drugs.

NA recommends avoiding “people, places and things” to reduce temptations and cravings. However, you can’t avoid these totally. So, be prepared by having several different strategies to cope with your cravings.

Thoughts and cravings can be triggered by many things in the environment that remind you of marijuana or other substances and using such as people you drank or got high with, places and events where you drank or used drugs, and sights, sounds or smells in your environment. Examples include music associated with using drugs or seeing pipes or papers. Thoughts and cravings can also be triggered by internal discomfort such as feeling anxious, angry, bored, depressed or upset.

A craving can be “overt” (you know you want marijuana) or “covert” (hidden from your awareness). *Physical signs* may include tightness in your stomach, feeling nervous, having trouble sitting still or pacing. *Psychological signs* may include increased positive thoughts of marijuana, feeling you “need” to use, or planning how to get marijuana.

Recovery Activity

Think of recent times when you were obsessed with or had strong cravings for marijuana.

1. What triggered your craving?

2. What were some physical signs?

3. What were some psychological signs?

4. What helped you manage your craving without using?

Strategies to Manage Marijuana Thoughts and Cravings

- *Know when you are having a craving:* learn to “read” physical and psychological signs. Know your triggers, so that cravings do not sneak up on you. Admit your thoughts about using and cravings to use. Do not deny them!
- *Talk with others:* talk with someone face-to-face, on the phone or before or after an NA meeting. Choose someone who understands addiction. Keep a list of names and phone numbers handy. Putting your cravings into words gives you more power over them.
- *Reach out to others in NA:* they have survived thoughts and cravings for marijuana and other substances so they can teach you what has worked for them. Ask for tips on how they managed their thoughts and cravings. Members of NA or AA can also help you since many strategies can be used regardless of drug of choice.
- *Redirect your activity:* do something active. Go for a walk or drive, do housework, go to a movie, work out in some physical manner, read recovery literature, watch a movie or TV, listen to music, write in a journal, eat something, or pray. An activity redirects your mind, and can help calm you down, thus reducing the intensity of your craving.
- *Change your thoughts:* tell yourself you can put off using until tomorrow (by this time your craving will be gone). Think of the negative things that happened as a result of your drug use. Think of how good you will feel if you win this battle with your craving. Think of the immediate and longer-term benefits of not using. Use slogans such as: “I am not going to use; “I will get through this craving; This craving will pass; One day at a time; Let go and let God; Easy does it.”
- *Avoid threatening situations:* do not go to places or events where you will feel pressure to use marijuana or other drugs. Avoid high-risk people who want you to use with them.
- *Keep a craving journal:* At the end of each day, record the overall degree to which you experienced cravings for marijuana or other substances you have a problem with. Use a scale of 0 to 5: 0=no craving; 3=moderate craving; 5=strong craving. If you rate your cravings 3 or higher, write about the triggers (circumstances in which they occurred, other people, places, events and things) and list coping strategies you used.

7. Managing People, Places and Events

People, places and events can cause you to feel pressure to use marijuana or other substances. Inability to manage social pressure to use is one of the most common relapse risk factors. Social pressures can be direct such as being offered marijuana by another person. Or, social pressures can be indirect such as being somewhere where marijuana is present and you can see or smell it.

Identify specific people, events and situations in which you are likely to experience direct or indirect social pressure to use marijuana. Think about how social pressures could affect your thinking, feelings and behaviors. Learn to use active strategies to resist social pressures and fight off thoughts to join others who are using because you want to fit in or have fun with them.

“High-risk” people can drag you down if you are not careful. Friends or family who are addicted, get high or use to excess are examples. You may need to avoid or minimize contact with these people, and get connected to people in NA or other 12-Step programs, or people who do not use drugs. In early recovery, avoid places and events in which marijuana or pressure to use is present.

Recovery Activity

1. List direct and indirect social pressures you expect to face (people, places, events).

2. List feelings or emotions you experience when faced with social pressures to use.

3. Write examples of thoughts triggered by your most common social pressures to use.

4. List high-risk people who pose the greatest threat to your recovery.

Strategies to Resist Social Pressures to Use and High-Risk People

- In early recovery avoid high-risk people, situations and events by planning your day around non-using activities. Connect with people who don't use drugs or get high.
- Since there is no way to avoid all social pressures, "think ahead" and practice and plan how to resist or say no to pressures to use marijuana.
- Say straight out you have a problem or are in recovery. For example, you can say "I'm not using any more; marijuana messed me up so I'm staying away from the stuff; or I'm in NA so marijuana has no place in my life."
- Refuse the offer without giving an explanation. It is your business that you are in recovery, so you do not owe anyone an explanation why you don't want to use.
- Say "I am not using today!" If the same person frequently pressures you, tell them you are in recovery from an addiction.
- Tell the person not to offer you marijuana ("don't offer me marijuana"). Some people you used with may not care about your recovery. Try to avoid them.
- Offer an alternative activity. If the person offering you marijuana or inviting you to a place or event where marijuana is available, offer an alternative activity in which marijuana use is not the expectation.

8. Managing Emotions

Emotion or feeling refers to your “inner” life or “subjective” experience. “Mood” is a prolonged emotion. For example, a depressed mood refers to a period of sadness or feeling low. While everyone experiences a range of moods and emotions, the way that you interpret and manage them is unique and affects your recovery.

Sometimes emotions are referred to as “positive” or “negative.” Positive emotions include feeling happy, cheerful, glad, hopeful, or loving. These emotions feel good. Negative emotions include feeling angry, anxious, bored, depressed, sad, jealous, or humiliated. These make you feel bad or uncomfortable.

However, be careful about labeling an emotion as positive or negative. An emotion and how you deal with it can be a negative or a positive experience depending on how it affects you and others. For example, anger can be negative and drag you down. It can hurt you if you use marijuana to escape your feelings. Your anger can also hurt others if you verbally or physically abuse them. Or, anger can be used to empower and motivate you to resolve problems, conflicts, or work harder towards a goal. Anxiety or fear can motivate you to be cautious when you are in an unfamiliar place, or prepare for an exam in school, a speech or a job interview. Or, anxiety can overwhelm you and cause you to avoid situations you are anxious about or cause you to use so you can face these situations.

Understanding emotions and improving your coping skills will bring many benefits. These include better mental, physical and spiritual health as well as better relationships and quality of life.

Healthy relationships involve sharing your emotions and dealing with emotions of others. Being able to recognize emotions of others and share empathy can help you keep satisfying relationships. Relationships that succeed are usually the ones in which people appreciate, acknowledge, and share emotions with each other.

Emotions and Recovery

An inability to manage emotions can contribute to relapse. The most common emotional issues in recovery relate to anger, anxiety, boredom, depression, loneliness and shame and guilt. In early recovery it is not unusual to feel bored with not using marijuana or other substances. In addition to missing the high, you may miss the partying or hanging with friends you got high with. Do not let boredom lead you back to drug use. Make sure you have things to do that are enjoyable so you do not feel deprived because you are living drug-free. Remember, it is not whether or not you experience an emotion, but how you handle it that determines the impact on you or others, and whether you relapse to marijuana or other drugs.

Recovery Activity

1. How would you rate your ability to understand your emotions or feelings?
 Excellent Good Fair (need help) Poor (really need help)
2. How would you rate your ability to manage your emotions without using drugs?
 Excellent Good Fair (need help) Poor (really need help)
3. How would you rate your ability to pursue your goals even when you feel upset?
 Excellent Good Fair (need help) Poor (really need help)
4. How would you rate your ability to show empathy and concern towards others?
 Excellent Good Fair (need help) Poor (really need help)
5. How would you rate your ability to express positive emotions to others?
 Excellent Good Fair (need help) Poor (really need help)
6. Which of the following emotions do you need help with at this time or you think could impact on relapse to marijuana or other substance use?
 Anger Anxiety or fear Boredom Depression Emptiness
 Grief Guilt and shame Loneliness Sharing positive emotions.
 Other (write in _____)

Strategies to Manage Emotions

- Identify your emotions and how they show in your body, thoughts and behaviors. Talk about your upsetting feelings with people you trust—therapist, family, friends.
- Challenge and change inaccurate thoughts and beliefs that contribute to anxiety, fear, depression, boredom, grief, anger or other emotions. Use the “Serenity Prayer.”
- Deal with relationship problems that contribute to upsetting emotions. Share positive emotions with others in what you say and how you act.
- Identify and manage high-risk emotional states (anger, anxiety, boredom, depression, etc.) that have contributed to your use of marijuana or other substances in the past.
- Keep busy, have fun and relax. Do something pleasant every day if possible. Build non-substance activities in your life.
- Build a social network of others who are clean and sober or don’t have substance problems. Connect with others in recovery in NA or other 12-Step programs.
- If you have a mood or anxiety disorder, consider medications if talk therapy alone does not help enough and your symptoms interfere with your life.

9. Impact on Your Family

Family members including children are affected by marijuana and other drug problems. The actual effects depend on the severity of your problem, how you act and function, your family members' coping mechanisms, and their access to support from friends, relatives, professionals or mutual support programs such as Nar-Anon.

Your marijuana or other substance problem can disrupt the daily routines in your family and upset its emotional balance. Family members may feel anxious, angry, irritable, resentful, depressed, helpless or guilty. They may feel at wit's end or like they are walking on eggshells, worrying about you because of your drug problem.

Learning about marijuana problems, treatment and recovery can help your family reduce its level of stress, worry, anger and guilt. Knowledge empowers them, especially when they learn what behaviors to avoid and which ones support your recovery. By involving themselves in your treatment if appropriate, and mutual support programs such as Nar-Anon, your family members can:

- Provide you with help, support and encouragement.
- Provide valuable input to your treatment team.
- Learn what they can do and cannot do to help you.
- Learn to deal with their own feelings and reactions to your marijuana problem.
- Get support from others who have lived with family members with addictions.
- Feel better about themselves.

Your family should stop covering up your marijuana problem so you are not shielded from the consequences of your behavior. They should avoid centering family life around you although this may be hard. Helpful behaviors are those that support your recovery and are healthy for your family. Taking time for themselves, sharing feelings and talking about frustrations or problems and focusing on enjoyable activities and relationships are examples of helpful behaviors.

Family members benefit from support programs such as Nar-Anon or Al-Anon. These programs provide information about addiction and recovery, offer help and support from others going through similar experiences and help family members focus on oneself more than their addicted member.

If a family member is depressed, anxious, worried or is abusing alcohol other drugs, this member should be encouraged to seek help. It is not uncommon for a family member to need help for a psychiatric or substance use disorder.

If your family is so disorganized or upset that they cannot provide support to you or they interfere with your recovery, find support elsewhere. Other relatives, friends or members of or other mutual self-help programs are sources of support.

Children may experience anxiety, fear and depression when a parent has a marijuana or other drug problem. If any of your children have serious anxiety, depression, hyperactive behavior, abuse alcohol or drugs, or show behavior problems, get them evaluated by a professional.

Recovery Activity

1. Describe how your family has been affected by your marijuana problem.

2. If you have kids, describe how they have been affected by your problem.

3. If applicable, describe whether any of your children or other family members may have a psychiatric or substance use disorder that needs an evaluation or treatment.

Helpful Attitudes and Behaviors

- Evaluate how your marijuana and other substance problem affected your family. Discuss this with a therapist, and include your family in some counseling sessions.
- Accept that your family may feel angry, upset, anxious or worried about you and they need time to heal from these emotions.
- Encourage your family to learn about marijuana problems, treatment and recovery. The more they know, the more they can support your recovery and help themselves.
- Encourage your family to attend mutual support programs such as Nar-Anon. They will get help from others who are dealing with marijuana problems with family members.
- Reach out to your family for help and support during difficult times. Ask them to help you spot signs of relapse so you can catch things early.
- If you have done things that have hurt your family, at some point you should make amends (see Steps 8 and 9 of NA). Talk with a counselor or sponsor about this process so you know when you are ready to make amends and how to do so.

10. Your Support System and NA

A support system can help you stay off drugs and help you change. A support system includes people who care about you and organizations such as mutual support programs or treatment agencies. Your support system may include family, friends, co-workers, helping professionals or others in recovery from a marijuana or other drug problem, a faith-based organization, or other community organizations. Think of this as your “recovery team.” People in your support system can:

- Provide you with help with a problem you are having.
- Provide emotional support; you can lean on others during tough times.
- Make you feel connected to others who understand your marijuana problem.
- Help you learn strategies to manage and recover from your marijuana problem.
- Provide you with a sense of belonging and purpose.
- Help you if you have a relapse or appear headed towards one.

Narcotics Anonymous (NA)

An excellent source of help is mutual support programs for marijuana and drug problems such as NA or AA for alcohol problems. Some communities have Marijuana Anonymous meetings. Members of these programs can teach you about recovery, help you during rough times and celebrate your progress.

If you actively participate in NA or other 12-Step programs, you may do better than if you only attend meetings. “Active” participation means attending meetings, helping to set up or clean up after meetings, talking with other NA members before or after meetings, sharing during discussion meetings, getting phone numbers and staying connected to others in recovery, reading recovery literature, getting a Sponsor and working the 12-Step program.

Following is a brief review of the components of the fellowship of 12-Step programs.

Meetings: these usually last an hour and involve someone sharing their story of addiction and recovery (called a ‘lead’ meeting) or an “open” discussion of topic(s) related to drug problems and recovery (called a “discussion” meeting). Some meetings focus on one of the 12-Steps. Specialty meetings are held for health care professionals, gays or lesbians, newcomers, or those with a psychiatric illness. Meetings may be “closed” for those in recovery or “open” to anyone interested in addiction and recovery. If you are new to NA, attend at least 12 meetings at a few different locations before you judge their helpfulness.

Sponsor: a sponsor is someone with a significant period of recovery who takes you under their mentorship and teaches you the ropes about the program and recovery. You may attend meetings together, talk in person or on the phone, work the 12-Steps, or discuss readings or recovery tasks that a sponsor recommends to you.

12-Steps: these address ways to accept your substance problem, deal with the aftermath of it and aid your ongoing recovery. Each Step has a specific focus and your sponsor, other members of NA, a therapist or a religious professional can guide you in working the Steps. The 12-Steps can help you change your life and adjust to sober living.

Higher Power: for most, this is God, but it can be your recovery group or the Fellowship of NA. The idea of a Higher Power is to accept that you need help from others or something greater than yourself to recover from a marijuana problem.

Slogans: these are sayings in the NA or other 12-step program that provide insight on how to think about your marijuana problem and recovery. They can be used to “coach” yourself through difficult situations or rough times. Some examples are “easy does it,” “one day at a time,” “think through the use,” “keep it simple,” and “let go and let God.”

Service: as your recovery progresses, you can help others through volunteer work in NA or by sponsoring newcomers to the program. In early recovery you can be of service by helping to set up and clean up after meetings or giving other members rides to meetings.

Literature: 12-step programs have many pamphlets and books about drug problems, recovery and various components of the NA program.

Events: NA groups sponsor social events or activities that you can share with others in recovery without worrying about the presence of marijuana or other drugs.

Recovery Activity

1. Why should you make recovery a “we” rather than an “I” program?

2. List the names and phone numbers and e-mail addresses of people and organizations who can support you.

3. What would prevent you from reaching out to other people for support?

4. List what you don't like about NA or reservations you have about using NA.

5. How can NA or other mutual support programs help your recovery?

6. How can an NA Sponsor aid your recovery?

7. How can "working" the 12-Steps aid your recovery?

Building and Using a Support System

- Identify family, friends and organizations that can make up your support system and stay active with them.
- Make a list of phone numbers of people you can call for help and support. Include the names of at least 5 members of NA or other 12-Step programs.
- Face any fears you have of asking other people for help or support. Recovery is a “we” program. Think ahead of time how what you can say when you ask for help.
- If you have trouble asking others for help or support, talk with your sponsor or a counselor to get their help. Learn how to “reach out” to others and ask for help.
- Maintain daily contact with others in NA. If you think that you only should call or contact them when you are in trouble, you are not likely to reach out for their help or support. Stay connected through regular contact even when things go well.
- When you talk with others, share the truth, even if you are struggling with staying off drugs, have obsessions or strong cravings, or do not like recovery.
- If you are new to NA, go to at least 12 NA meetings before reaching judgment on how NA can help. Try different types (lead, discussion) and locations of meetings. If you don’t have an NA sponsor, ask for one immediately. Get a “temporary” one.
- Volunteer to help set up and clean up after NA meetings. Go out for the “meeting after the meeting” with other NA members.
- Get involved in social activities that do not evolve around the use of drugs.

11. Reducing Your Risk of Relapse

You can reduce your risk of relapse to marijuana, other drug or alcohol use by staying actively involved in a recovery program. This allows you to regularly monitor your cravings and behaviors, review your progress, identify problems early, work on specific goals, and stay connected to others in recovery. Recognizing and managing early relapse warning signs and high-risk factors will also aid your recovery.

Recognizing and Managing Relapse Warning Signs

Relapse refers to the process of returning to marijuana or other substance use following a period of recovery. Relapse can happen regardless of how long you have been sober from marijuana or other drugs. The first several months are the highest risk period.

You can be in a relapse process before you use. A relapse can build up over hours, days, weeks or even months. Many who have relapsed say that it seldom came out of the blue. Obvious and hidden relapse clues and warning signs preceded their relapses.

Relapse warning signs may show in changes in your behavior, attitudes, thinking, feelings or a combination of these. This does not mean that all changes indicate a potential relapse. It simply means that you should be alert and examine whether changes indicate a movement away from recovery towards relapse. Following are some examples of both obvious and subtle warning signs preceding relapse for others in recovery.

Behavior changes: cutting down or stopping NA or other support group meetings or counseling without first discussing this with a counselor or sponsor; using alcohol or other drugs (pain pills, benzos, cocaine); being in high-risk situations such as places where others are smoking pot, bars, parties; increased episodes of arguing with others for no apparent reason; increased stress symptoms such as smoking more cigarettes or eating more food than usual; increased lying or dishonest behaviors; or seeking out people with whom you used to use or get high.

Attitude changes: negative attitudes about your recovery, NA, your sponsor, support groups, friends in recovery, counselor or doctor; not caring about your sobriety or recovery plan; becoming too negative about recovery or life; or believing you can recover on your own, that you do not need help or support from others.

Changes in thinking: thinking you deserve marijuana or other drugs; you can control your use; you can use another drug as long as you do not use marijuana (e.g., you can drink alcohol). NA calls this “stinking thinking.”

Changes in emotions: negative emotions that you find hard to handle such as anger, anxiety, boredom, depression, emptiness, loneliness, or guilt and shame. An increase in positive emotions can be a relapse warning sign for some people.

These are just a few examples of potential warning signs of relapse. Remember that changes in behaviors, attitudes, thinking, feelings or a combination could indicate you may be in a relapse process. Catching warning signs early puts you in a position to take action before an actual relapse occurs. Think relapse “prevention.”

Recovery Activity

If you have relapsed to marijuana or other drugs following a period of recovery, answer the following questions. If you are new to treatment, learn from the experiences of others who have relapsed.

1. What specific clues or warning signs (obvious and subtle) preceded your relapse?

2. How much time elapsed between the time your relapse clues first showed and you used marijuana or other drugs? _____
3. Where did your relapse occur? _____
4. Who were you with? _____
5. List specific actions you can take to manage these warning signs in the future should you or others notice them (how can you prevent these from leading to a relapse?).

Identifying and Managing High Risk Situations

High-risk situations are those in which you feel you could relapse to marijuana or other drugs. These can be situations in which you used in the past. Or, they can be new situations that you feel threaten your sobriety. Once you identify your high-risk relapse situations, plan strategies to manage these.

Following are potential high-risk situations or factors that could contribute to relapse if you do not use active coping strategies.

- *Upsetting emotions:* feeling anger, anxiety, boredom, depression, empty, fearful, lonely, guilty or shameful. Feeling overconfident can be a high risk factor, too.
- *Social pressures:* being at places where others are using, being offered marijuana, difficulty saying no when offered marijuana, or living with marijuana abusers.
- *Treatment problems:* low motivation to attend treatment, coming late or missing appointments, dropping out of treatment early, or failure to follow through with recovery tasks.
- *NA or AA related issues:* missing or not attending meetings, cutting down or dropping out without telling anyone first, not “working” the program, or not talking to a sponsor or other members regularly.
- *Relationship issues:* arguing with others, letting others upset or anger you, isolating yourself, trouble resolving conflicts with spouse or partner, or lacking sober friends.
- *Cravings:* strong desires to use, keeping marijuana at home, or testing your ability to be around others who are smoking pot.
- *Other risk factors:* feeling exhausted or fatigued, other addictions (work, gambling, sex, and other drugs), psychiatric problems, or being unable to ask for help from others.

Recovery Activity

Choose one high-risk factor from this list. Provide specific details about this, and then identify three coping strategies to manage this high-risk situation.

1. High-risk situation: facts and information

2. My coping strategies to manage this high-risk situation:

Emergency Sobriety Card

Carry an “emergency sobriety card” in your wallet or purse that lists the names of others who support your recovery. Call people in your support system when you need emotional support, help with a problem, want to share a leisure activity, need to talk or just to stay connected. Let others know when you feel like using marijuana or other drugs before you use. Their support may help you to stay clean.

List below the names, numbers and email addresses of family members, friends, counselors, members of NA and other people whom you can call when you need immediate help.

What to Do if You Relapse to Marijuana or Other Drugs

If you have a relapse, convince yourself to stop using. Tell yourself that you need to get back on track. Then, reach out to others for help and support. Talk with someone who knows you and will support you. This can be a family member, friend, counselor, other helping professional, minister, priest or rabbi, or NA sponsor or member.

Relapse often follows quitting or cutting down treatment sessions or attendance at NA meetings. If this is the case with you, get back in treatment and go back to your meetings. Make a commitment to attend all treatment sessions and 12-step meetings.

When you least feel like it is when you most need to be active in treatment and support groups!

A sponsor or friend in NA can provide support during an episode of relapse. In some instances, this will be all that you need to re-establish your sobriety.

Do not let a relapse drag you down or be an excuse to give up. Treat relapse no differently than you would a relapse for other serious illnesses or disorders. This means two things. First, you work at managing your marijuana addiction by following your recovery plan. And second, you prepare to deal with setbacks and relapses.

Once you are back on the clean track, use your support network to deal with your feelings about a relapse. Examine your relapse to learn from it. Figure out your warning signs and high-risk situations that may have contributed to or preceded your relapse.

Recovery is a daily process. You do recover “one day at a time.” The term “prevention” implies that you take a proactive stance to prevent something from happening. In recovery, this means being vigilant in your life and catching warning signs of relapse early, identifying high-risk factors unique to you, and preparing for the challenges of recovery.

Recovery Activity

Imagine that you use marijuana following a period of clean time for months or longer. What could you do to stop using and get help from others?

At the end of each day, ask yourself if any warning signs were present that indicate you may be headed towards a marijuana or other drug relapse? Yes No

If yes, what is your plan to manage these?

At the end of each day, ask yourself if there were any high-risk situations that could trigger a relapse if you do not take action? Yes No

If yes, what is your plan to deal with them?

Relapse Prevention and Interruption Strategies

- Stay active in working a daily plan of recovery. This allows you to keep your recovery a high priority and deal with problems as they arise.
- Know potential relapse warning signs and develop a plan to manage these. Action is needed to reduce your relapse risk and maintain your recovery.
- Know your high-risk factors and have a plan to manage these. This requires having a variety of strategies to use with your high-risk factors as no one idea works in all situations.
- Have a plan to stop a relapse should you resume using or other drug use. Stop it quickly and get back on track.
- Share your plan with others to get their input and support. Keeping secrets is usually not good for recovery. Remember, recovery is a “we” program in which others provide you with help and support.
- Never give up, no matter how difficult things get. Life is not always easy and things will not always go your way. Learn to deal with difficulties head on.
- Learn from your mistakes. If you relapse, once you are stable, figure out warning signs and risk factors that you may have ignored. Think about what you could do differently in the future should these occur again.

12. Managing Other Problems

Other problems can interfere with recovery from your marijuana problem. These include other drugs of abuse or addiction, compulsive sex, gambling, or eating, psychiatric disorders, relationship and family problems, health problems, work or money problems. If you have problems in any of these areas, work with your counselor and NA sponsor to determine how and when to address them. Keep your recovery a high priority. Otherwise, it is easy to forget about your recovery while you focus on “other” problems.

Other Addictions

Addiction to other drugs (opioids, cocaine, pills, etc) or behaviors like sex or gambling are common among people with marijuana problems. Other substance abuse or addiction can be addressed in your counseling sessions and by attending other 12-Step meetings such as Narcotics Anonymous (NA), Cocaine Anonymous (CA) or Crystal Meth Anonymous (CMA). NA, CA and CMA use the same principles and 12-Steps as AA.

Addictions like gambling or sex can be addressed in counseling and other 12-Step programs such as Gamblers Anonymous (GA), Sexaholics Anonymous (SA) or Sex and Love Addicts Anonymous (SLAA). These programs are patterned after AA.

Psychiatric Disorders

Psychiatric disorders involve symptoms that cause distress or interfere with your ability to function. Since some symptoms may result from drug use or addiction, you may benefit from some time being abstinent before determining if a psychiatric disorder exists.

Each psychiatric disorder has a set of symptoms, which relate to:

- Moods (how you feel).
- Thinking (how you interpret the world or events).
- Behavior (how you act).
- Physical health (appetite, sleep, energy, sexual energy, & other bodily symptoms).

Psychiatric disorders include single episode, recurrent episode, and chronic or persistent types. You can have a single episode and return to normal. Or, you may have several episodes over time. The length of each episode and the amount of time between episodes will vary. Some people experience persistent symptoms over time, which requires them to manage and live with symptoms that never totally go away.

Mood disorders include depression, bipolar disorder or a combination of the two. These involve mood and other symptoms. With depression, your mood is sad whereas with bipolar disorder, your mood is elevated, euphoric or high. A major problem with mood disorders is suicidal thinking or actions. Marijuana or other drug problems combined with a mood disorder increases the risk of suicide.

There are many different types of *anxiety disorders*, each with a specific set of symptoms. These disorders include both physical and mental symptoms and most involve worrying too much, feeling a sense of dread or feeling anxious or fearful.

Personality disorders occur when longstanding personality traits, or usual ways of thinking about and dealing with life or relating to others, cause considerable distress or problems in life. Some traits that may cause serious problems include being impulsive (acting without thinking), antisocial (breaking laws, not caring about how you affect others), or dependent (relying too much on others and not enough on yourself).

Psychotic disorders such as schizophrenia involve unusual experiences such as hearing, feeling, seeing or smelling things that are not there and others do not experience. These are serious mental illnesses that impair judgment and cause significant suffering.

There are many inpatient, residential, and outpatient treatment programs for psychiatric disorders. Medications are often used in combination with therapy or counseling for many psychiatric disorders. Talk with your counselor or NA sponsor if you are concerned about a problem with drug abuse or addiction, gambling, sex or other behavioral addiction, or a psychiatric disorder.

Recovery Activity

1. List any other serious problems that you have at this time in life.

2. Describe how these other problems have affected your life or marijuana use.

3. Describe what you can do to get help with other serious problems.

13. Helpful Resources

There are many resources on marijuana or drug abuse or dependence that can be accessed on the internet through bookstores, publishers of recovery literature or the National Institute on Drug Abuse. Search of key terms or words such as: marijuana or drug abuse, dependence, or addiction; a specific drug; psychiatric illness or a specific disorder.

Alcoholics Anonymous	www.alcoholics-anonymous.org
Al-Anon Family Groups	www.al-anon.org
Dennis C. Daley, PhD	www.drdeniscdaley.com
Dual Recovery Anonymous (DRA)	www.dualrecovery.org
Gamblers Anonymous	www.ga.org
Hazelden Educational Materials	www.hazelden.org
Narcotics Anonymous	www.na.org
Nar-Anon Family Groups	www.naranon.org
National Clearinghouse for Alcohol & Drug Information	www.ncadi.nih.gov
National Institute on Alcohol Abuse and Alcoholism	www.niaaa.nih.gov
National Institute on Drug Abuse	www.nida.nih.gov
National Institute of Mental Health	www.nimh.nih.gov

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NIDA's website has many publications on marijuana available at no cost. Go to: www.nida.nih.gov. On the top left side of the page you will see tabs for 6 topics. Hit the first one "drugs of abuse" and scroll down to "marijuana." This will pull up many NIDA publications. We recommend the following: 1) "Marijuana (InfoFacts); 2) Marijuana Abuse (Research Reports); 3) Marijuana: Factors Parents Need to Know; 4) Marijuana (Facts for Teens); 5) Marijuana (Topics in Brief).

MATERIALS FOR CLIENTS, FAMILIES AND PROFESSIONALS ON SUBSTANCE USE, PSYCHIATRIC OR CO-OCCURRING DISORDERS

Client and Family Materials

A Family Guide to Coping with Dual Disorders	Money & Recovery: Managing Financial Issues in Recovery
Addiction and Mood Disorders	Overcoming Negative Thinking
Addiction in Your Family	Overcoming Your Alcohol and Drug Problem
Adolescent Recovery	Recovery from Alcohol Problems
Adolescent Relapse Prevention	Recovery from Cocaine or Meth Addiction
Anxiety Disorders Recovery	Recovery from Co-Occurring Disorders
A Family Guide to Addiction and Recovery	Recovery from Marijuana Problems
Athlete's Guide to Substance Use and Abuse	Recovery from Opioid Addiction
Co-occurring Disorders Recovery	Recovery from Psychiatric Illness
Coping with Feelings & Moods	Recovery & Relapse Prevention for Co-occurring Disorders
Depression Recovery	Relapse Prevention (Drug & Alcohol)
Detox Recovery	Relapse Prevention (Compulsive Sex)
Family Recovery	Sober Relationships and Support Systems
Gratitude Workbook	Sobriety Journal
Grief Journal	Surviving Addiction
Group Counseling Participant Workbook	Using 12-Step Programs in Recovery
Improving Communications and Relationships	Working Through Denial

Books for Professionals

Dual Disorders Recovery Counseling: Integrated Treatment for Substance Use and Mental Health Disorders
Dual Disorders: Counseling Clients with Chemical Dependency & Mental Illness
Group Treatment of Addiction: Counseling Strategies for Recovery and Therapy Groups
Improving Treatment Compliance
Overcoming Your Alcohol or Drug Problem: Therapist Guide
Relapse Prevention Counseling: Strategies to Aid Recovery from Addiction and Reduce Relapse Risk
Treating Chronic Mental Illness and Substance Use Disorders

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