

RECOVERY FROM COCAINE OR METH ADDICTION



STRATEGIES FOR
DRUG-FREE LIVING

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

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Note to Readers

We are interested in hearing how you used this workbook. Send your comments to the email address above. Also, feel free to give us your ideas on other topics that we should include in future editions of this recovery workbook.

Authors Note

We wish to thank Cindy Hurney for designing this workbook, and Chris Daley for designing the covers.

Recovery from Cocaine or Meth Addiction

Strategies for Drug-Free Living

By

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About this Workbook

This guide is for individuals recovering from an addiction to cocaine, methamphetamine or other stimulants. It provides information about stimulants, addiction, treatment, relapse and recovery. Strategies are presented to help manage cravings, people, places and things, emotions, use social support and 12-Step programs, deal with your family issues, reduce relapse risk, and address other addictions or co-occurring psychiatric disorders. The information in this guide comes from studies, treatment manuals, our professional experiences and the recovery literature. We encourage you to get active in your recovery to manage your addiction and make personal changes to improve your life.

About Interactive Workbooks and Journals

Our materials are brief, informative, user-friendly and useful for individuals with substance use, psychiatric, and co-occurring disorders (psychiatric and substance use disorders combined). These materials can be used in addiction, psychiatric, criminal justice, medical and other treatment programs. Surveys completed by 300+ individuals in treatment show they find these materials very helpful in learning information about addiction and recovery, and learning recovery strategies to manage their addiction. For descriptions of our materials go to: www.drdeniscdaley.com.

About the Authors

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Drs. Daley, Douaihy and Donovan all are part of the National Institute on Drug Abuse's National Drug Abuse Treatment Clinical Trials Network (CTN). They participate in studies and training of clinicians. All share a strong interest in making information available to individuals in recovery from addiction and their family members.

1. Understanding Addiction

The Many Faces of Addiction to Cocaine or Meth

“I started snorting cocaine on weekends and for awhile, it didn’t cause problems. However, when I increased my use, I got in trouble with my husband, at work, and went in debt. I created bad feelings by scamming my husband and parents to get money for drugs. I was obsessed with getting high. Lucky for me my husband helped me get treatment. I’ve been off of cocaine for over a year and don’t use other drugs or alcohol. Life is better now. I go to NA and my husband goes to Nar-Anon.” –Tamara, age 34

“I had been a junkie for years and figured if I kicked dope, I could control my crack use. Was I ever wrong! Soon, my life was controlled by my crack addiction. It took several times in treatment to stop using. It messed me up real bad. I even got suicidal and had to go to the hospital to protect myself. Now with the help of a therapist, NA and my sponsor, I’m back on track and off all drugs. Working the 12-step program.” –Al, age 48

“Sure, I liked to get high like lots of other students. But, I made decent grades so I didn’t worry about my drug use. Partying is what I did on weekends. When I discovered meth, I thought I’d never find a better and longer high. Then the shit hit the fan! I got so hooked it nearly ruined my life. Got busted by the cops, quit school, couldn’t keep a job, and alienated my family. My parents were heartbroken and were worried I’d end up dead. When I got busted for possession, I had a choice—get help or go to jail. I went to rehab and a day program, followed by counseling and NA. I thought I could still smoke pot, but this led me back to meth. It took another rehab and time in a halfway house. I’m back in college now and doing well. I know I have to stay off all drugs.” –Zack, age 23

“The only reason I got help for cocaine was I tested positive and the methadone clinic staff told me if I didn’t deal with my cocaine problem, I could get kicked out. I didn’t take their advice so I got kicked out of the clinic. I’m back on track now. Clean from all street drugs. Taking methadone and plan to wean off next year.” –Mariah, age 31

As these cases show, problems with addiction to stimulant drugs show in many ways. Some become hooked after having an addiction to another type of drug like Al. Others like Zack get addicted early in life and suffer numerous negative consequences before getting help. Some like Al go from one addiction to the next believing that they can “control” their use of a specific substance. Yet despite all the problems caused by their addictions, Mariah, Zack, Al and Tamara all got better as a result of treatment and getting active in the 12-Step program of NA.

What are Stimulants (cocaine, meth, other)?

Stimulants affect the central nervous system (CNS) by producing an increase in energy, activity, a heightened sense of sensory arousal, pleasure, and euphoria (feeling good). These drugs also decrease appetite and the need for sleep. Like all mind altering drugs,

stimulants affect judgment, emotions and behavior and cause imbalances in dopamine, a neurotransmitter in the brain.

Cocaine, called C, coke, snow, flake, blow, or crack, this drug is derived from the coca bush and is usually sold on the street as a fine, white, crystalline powder. Snorting is the process of inhaling cocaine powder through the nostrils, where it is absorbed into the bloodstream through the nasal tissues. Injecting releases the drug directly into the bloodstream, and heightens the intensity of its effects. Smoking involves inhaling cocaine vapor or smoke into the lungs, where absorption into the bloodstream is as rapid as by injection. The drug can also be rubbed onto mucous tissues. Some users mix cocaine with heroin to create a “speedball,” which can be a dangerous combination.

“Crack” is a form of cocaine that is processed with ammonia or baking soda and water, and heated to remove the hydrochloride to make it smokable. It is also smoked with marijuana or tobacco. The initial high from smoking freebase or crack cocaine may last 5-10 minutes while the high from snorting may last 20-30 minutes. Cocaine causes feelings of euphoria, an increase in energy and sexual desire, or mental alertness. You may feel more confident, become more talkative, feel less tired or sleep less.

Cocaine can lead to constricted blood vessels, dilated pupils, or increased heart rate, blood pressure and temperature. You may feel restless, irritable and anxious. Large amounts can lead to bizarre, unpredictable, erratic or violent behaviors. Long-term use can lead to depression, paranoia, auditory hallucinations, disturbances in heart rhythm or heart attack, chest pain or respiratory failure, seizures, strokes, or headaches, and abdominal pain or nausea. If you inject stimulants or other drugs you are at increased risk for abscesses at the injection site, HIV, and hepatitis B or C.

Methamphetamine, called meth, fire, speed, chalk, ice, crystal, crank, glass, tweak or Tina, this drug is swallowed, snorted, smoked or injected. Meth has many impurities like mercury or lead acetate that can lead to poisoning. Smoking it can lead to burned lips, severe coughing, lung congestion or chronic lung disease. Snorting it can lead to sinus infections, nosebleeds or even holes in the septum. Using a needle to inject it can cause skin abscesses, inflammation of the heart, blood clots, pneumonia, kidney failure and infectious diseases (HIV, TB, Hepatitis C). During a binge, you may engage in reckless sexual behavior (eg., multiple partners, not use protection, etc). As a binge progresses, the positive effects of the drug become less pleasurable. While toxic effects become more prominent users feel anxiety, irritability, insomnia, and confusion.

Short-term effects include an initial “rush” or high as well as an increase in wakefulness or alertness, an increase in heart rate, and a rise in body temperature. Other short-term effects include paranoia, hallucinations, convulsions, insomnia, dry, itchy skin, loss of appetite, acne or sores, and numbness. In addition, motivation and interest in work, friends, sex or food may decrease.

Long-term effects include damage to nerve endings in the brain, kidney or lung disorders, hallucinations, stroke, malnutrition, insomnia, weight loss, paranoia, mood problems, and

problems at work, in the family or in society. Brain imaging studies suggest that chronic users can experience structural and functional changes in areas of the brain, which can lead to problems with learning, memory and controlling emotions.

Meth can cause irregular heartbeat, increased blood pressure, and irreversible, stroke-producing damage to small blood vessels in the brain. Hyperthermia (elevated body temperature) and convulsions occur with overdoses, and if not treated immediately, can result in death. Other effects include erosion of dental enamel, seizures, acute renal failure, and sexual problems.

Chronic meth use can inflame your heart lining. Chronic use can also lead to episodes of violent behavior, paranoia, anxiety, confusion, and insomnia. Psychotic symptoms can continue even after use has stopped. The neurotoxic effects include impairments of the executive functions of the brain, resulting in poor judgment and decision making, and the early onset of movement disorders associated with aging.

Social or family effects include damaged or lost relationships, increased risk of child abuse or neglect, lost jobs, accidents, spread of infections, criminal behaviors, violent behaviors, homicide, and high-risk sexual behaviors (prostitution, unprotected sex, sex with strangers, or sex with multiple partners). High-risk behaviors such as injection drug use or needle and equipment sharing, and risky sexual behaviors such as unprotected sex, especially among the population of men who have sex with men, lead to increased risk of HIV or hepatitis B or C.

Meth use during pregnancy may result in prenatal complications, increased rates of premature delivery, and birth defects.

What is Cocaine or Meth Addiction?

Addiction is obsession with, and compulsive use of drugs. You continue to use drugs despite problems they cause. Problems may be severe or even fatal as some people die from addiction. Symptoms of addiction (or a substance use disorder) may include a combination of the following (2-3=mild; 4-5=moderate; 6+-severe problem):

- **Loss of control:** using more alcohol or drugs or for a longer time than you intended.
- **Can't cut down:** you want to or try to cut down or stop, but are not successful.
- **A great deal of time is spent in activities to get, use, or recover from the effects of substance:** substances play too central of a role in your life.
- **You have strong cravings to use:** even if you have not used for awhile.
- **You use leads to to failure to fulfill obligations at school, work or home:** responsibilities are not met in life, causing serious problems for you.
- **You use despite social or relationship problems:** you use alcohol or drug even though they cause or worsen problems at work, school or relationships.
- **You cut down or stop important activities:** you stop social, school, work, spiritual

or recreational activities as your addiction progresses.

- **You use in situations in which it is physically hazardous:** despite being impaired by alcohol or drugs, the you may operate a vehicle or machinery.
- **You use despite medical or psychological problems:** alcohol or drug use can cause or worsen medical, psychiatric or psychological problems, yet you continue using.
- **Tolerance changes:** you need more alcohol or other drugs to get high or intoxicated. Or, alcohol or drugs have less effect with the same amount.
- **Withdrawal symptoms or using to stop or prevent these:** you get sick when daily substance use is cut down or stopped. Or, you use regularly to stop these symptoms.

What Causes Cocaine or Meth Addiction?

Addiction is caused by many physical, psychological and social factors. Scientists refer to drug addiction as a “brain disease” that disrupts the part of your brain responsible for experiencing normal pleasure, controlling how you think, solving problems, managing emotions and relating to others. Addictive drugs interact with the brain’s reward system. They provide you with “positive reinforcement,” leading to continued use despite problems caused by using. Drugs may become more important than “natural rewards” from eating, sex, socializing with friends, or other positive experiences or accomplishments. Your personality, coping skills, and ability to manage problems and stresses in life can also contribute to addiction. Social factors include access to drugs, and the influence of family, friends and society.

Recovery Activity

1. Why did you come to treatment for your cocaine or meth addiction? Who, convinced or pressured you to seek help, and why did they do this?

2. Describe your motivation or the reason(s) you want to quit using cocaine, meth and other substances.

3. What do you think you will miss most if you abstain from using substances?

4. How would you rate your need for help to recover from your stimulant addiction?
☐ Not sure if I need help ☐ I need help ☐ I definitely need help

2. Assessing Your Addiction

To help you decide on what you need to do to help yourself regarding professional treatment and recovery, complete the following by checking the items that describe your use of cocaine, meth, alcohol and other drugs.

1. Which of these substances have you ever used or gotten high on?
 - ☐ Cocaine powder
 - ☐ Cocaine freebase or crack cocaine
 - ☐ Methamphetamine (meth); other stimulants or uppers
 - ☐ Opioids: illicit or street drugs like heroin
 - ☐ Opioids: pain pills
 - ☐ Designer or “club” drugs (Ecstasy, GHB, and Ketamine)
 - ☐ Hallucinogens (LSD, STP, DMT, mushrooms)
 - ☐ Inhalants (glue, gasoline, solvents, poppers, snappers)
 - ☐ Marijuana (cannabis, pot or hash), spice
 - ☐ PCP (angel dust)
 - ☐ Tranquilizers such as benzodiazepines, sleeping pills, sedatives or downers
 - ☐ Alcohol
 - ☐ Others (write in): _____
2. How many days did you use cocaine, meth or other stimulants in the past 90 days?
☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day
3. How long have you been using cocaine, meth or other stimulants?
☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years
4. If you use daily, how many times each day do you use stimulant or other drugs?
☐ 1-2 times ☐ 3-4 times ☐ over 5 times
5. How many days have you used alcohol or other drugs in the past 90 days?
☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day
6. How long have you been using alcohol or other drugs?
☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years
7. How long have you been using alcohol to excess (getting high or drunk)?
☐ less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ 11-20 years ☐ over 20 years
8. How many days did you use alcohol to excess in the past 90 days?
☐ 0 ☐ 1-5 ☐ 6-10 ☐ 11-20 ☐ 21-30 ☐ 31-60 ☐ 61-90 ☐ every day
9. Check all the items that describe your pattern of substance use
 - ☐ I've used stimulant drugs every day, often several times each day.
 - ☐ I've freebased cocaine or smoked crack or meth.
 - ☐ I've injected drugs into my veins or muscles.
 - ☐ Once I start using, it is hard to stop.
 - ☐ I can use large amounts of cocaine, meth or other drugs, my tolerance is high.

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10. How would you rate the severity of your cocaine or meth problem?

11. After completing this checklist, what conclusions would you draw about your drug use and addiction, and what you need to do about it?

Discuss this completed review with your treatment group, a professional, or a Narcotics Anonymous (NA), Cocaine Anonymous (CA), Crystal Meth Anonymous (CMA), or Alcoholics Anonymous (AA) sponsor. An “objective” person can give you feedback about your addiction, and help you determine what you need to do for your recovery.

3. Evaluating the Effects of Your Addiction

In the previous section, you examined your pattern of stimulant and other substance use. In this section, you will review the effects of drug use on your life. Check all the items that relate to your use of cocaine, meth, other stimulants or other drugs and alcohol.

Effects on physical, dental or sexual health

- ☐ I have medical problems from my alcohol or drug use, or using dirty needles.
- ☐ I have dental problems.
- ☐ I didn't take care of my health or appearance.
- ☐ I've been injured in accidents, falls, or fights.
- ☐ I've said or done things when using that I could not remember (blackouts).
- ☐ I've experienced strong cravings even after I was off drugs for a while.
- ☐ I have hepatitis (B or C) or am worried I may have it.
- ☐ I am HIV+ or have AIDS.
- ☐ I am worried that I may be HIV+.
- ☐ My addiction has led to loss or decrease in my sexual energy or interest.
- ☐ I've had trouble performing sexually because of my use.
- ☐ My use led to excessive, inappropriate or unsafe sexual behavior.
- ☐ My cocaine or meth use has interfered with recovery from opioid addiction.
- ☐ I've been discharged from a methadone maintenance program because of my cocaine, meth or other drug use.

Effects on attitudes, behaviors, mental health, work, school, or spirituality

- ☐ Using drugs is central in my life; I am obsessed with use.
- ☐ I'm not sure that I want to stop using cocaine, meth or other substances.
- ☐ I'm not convinced that I have an addiction to cocaine or meth.
- ☐ To get money for drugs, I've committed crimes or scammed others.
- ☐ To get money for drugs, I have prostituted myself.
- ☐ I've sold drugs to help support my addiction.
- ☐ I've been arrested for crimes committed to support my addiction.
- ☐ When I use, my behavior becomes unpredictable.
- ☐ I've hurt others or threatened them to get money for drugs.
- ☐ I lied about my cocaine or meth use to cover it up.
- ☐ I feel guilty or shameful for things I've done to others.
- ☐ I've done things while using that others will find hard to forget or forgive.
- ☐ My use of cocaine or meth has caused serious emotional or mental problems.
- ☐ I've gotten very depressed from using or after a binge
- ☐ I've thought about or attempted suicide.
- ☐ When I am high, I act on my feelings without thinking things through first.
- ☐ I've done a lot of "bad" things as a result of my substance use.
- ☐ I've made foolish decisions because of my use.
- ☐ I've experienced financial problems as a result of my addiction.

- ☐ I've been a victim of violence (shot, stabbed, robbed, beat up, or raped).
- ☐ My addiction caused problems in school (poor grades, kicked out or quit).
- ☐ I've quit jobs, got fired, or had serious job problems due to my addiction.
- ☐ My use has led to feeling spiritually empty or abandoning my religion or faith.

Effects on family and social relationships

- ☐ My addiction caused problems for my family.
- ☐ I've neglected or avoided family responsibilities.
- ☐ My addiction has led to financial hardships on my family.
- ☐ I did not meet my family obligations.
- ☐ I avoided my family or failed to take an interest in them.
- ☐ My addiction has ruined holidays or special occasions.
- ☐ I conned or lied to my family to get money for drugs or to cover my addiction.
- ☐ I stole from my family to get money for drugs or to cover up my addiction.
- ☐ My spouse left or divorced me due to my addiction.
- ☐ I've had children taken away from me due to my addiction.
- ☐ One or more of my kids has a problem with alcohol or drugs.
- ☐ Some of my family members avoid me because of my addiction.
- ☐ I have family members who may never forgive me for what I've done to them.
- ☐ I've spent too much time with others who get high on drugs.
- ☐ My use caused me to give up important hobbies or recreational activities.
- ☐ I've lost friendships over my addiction.
- ☐ I hung out with shady characters because of my addiction.
- ☐ I've conned, manipulated, or cheated friends or strangers to get drugs.
- ☐ I have a drug debt that I haven't paid.

Other things that have happened to me or problems that have occurred because of my cocaine or meth addiction include:

Review the checklist that you completed. What conclusions would you draw regarding the effects of your cocaine or meth addiction? Share this with your treatment group, counselor, a sponsor or peer in recovery. Ask for their feedback.

4. Treatment

Many treatment services and programs are available for cocaine or meth addiction. These include residential rehabilitation, partial hospital, intensive outpatient, outpatient, and aftercare programs. A short-term rehab (less than 30 days), partial hospital (called “day program”) or intensive outpatient rehab program (3-6+ weeks) can help when you need time in a drug-free and structured treatment environment to learn strategies to manage your addiction and engage in recovery. Long-term IOPs may last months or longer.

A long-term (several months to a year or more) halfway house or therapeutic community program can help if you have had previous attempts at recovery but relapsed. These 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 addiction, and to meet the challenges of ongoing recovery. Outpatient care may precede or follow residential, partial hospital or intensive outpatient.

Support programs such as NA, CA, CMA or AA can help you learn ways to manage your addiction and build a recovery support system. If you actively participate in 12-Step programs in addition to counseling you increase your chances of doing well.

There are currently no FDA-approved medications for meth and cocaine addiction. Some medications help with depression, sleep problems, anxiety or drug cravings. Ask your doctor about possible medication options that may aid your recovery.

Making the Most Out of Treatment

To get the most out of treatment, follow these guidelines:

- **Keep your appointments and stay in treatment long enough to reap the benefits.** 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. Your counselor is there to help you, not judge you. 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.** Follow your treatment plan and take action to change by using what you learn in treatment. Learn as many coping strategies as you can to manage your addiction and change your life. Use these in your daily life.
- **Attend NA, CA, CMA or AA Meetings.** 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 and help with any problems. If you have work, school, housing, relationship, or family problems, get help as well. And, if you have a psychiatric disorder (clinical depression, bipolar illness, an anxiety disorder, a psychotic disorder, an eating disorder, etc), get treatment.

Recovery Activity: Review of Past Treatment Experiences

Check all the types of treatment you have received in the past for your addiction to cocaine, meth or other substances. For each item you check, write in the number of different times you received this treatment.

Treatment Programs and Counseling or Therapy

- ☐ Detoxification: # of times ____
 - ☐ Residential or hospital-based rehab (less than 30 days): # of times ____
 - ☐ Residential or hospital-based rehab (more than 30 days): # of times ____
 - ☐ Halfway House: # of times ____
 - ☐ Therapeutic Community: # of times ____
 - ☐ Partial Hospital or Day Treatment Program: # of times ____
 - ☐ Intensive Outpatient Program: # of times ____
 - ☐ Outpatient Counseling: # of times ____
 - ☐ Program for Women: # of times ____
 - ☐ Program for Dual Diagnosis (Addiction + Mental Illness): # of times ____
 - ☐ Specialty Program for Criminal Justice Problems: # of times ____
1. How many times have you left a hospital, detoxification, or rehabilitation program against medical advice before you finished it?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ over 5 times
 2. How many times have you stopped or left an outpatient, intensive outpatient or partial hospital or methadone maintenance program early, before you finished it?
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ over 5 times
 3. Overall, how would you rate your personal investment in treatment in the past?
☐ None ☐ Low ☐ Moderate ☐ High ☐ Varied
 4. Overall, how would you rate your personal investment in treatment at the present?
☐ None ☐ Low ☐ Moderate ☐ High
 5. What did you learn from your previous treatment experiences?

5. Recovery from Cocaine or Meth Addiction

Recovery is the process of staying sober and making changes in yourself and lifestyle to improve your health and the quality of life. At first, recovery can be hard because you need to quit using drugs and alcohol, and make changes.

Remember that your problem is “addiction,” not just the use of drugs. Addiction is a way of life as well as a life-threatening disorder or disease. Working a recovery program one day at a time allows you to contain your addiction. Stick with recovery even in times of difficulty. Life will always bring you struggles and problems.

Your recovery play may involve making changes in any area: physical, family, social, mental and spiritual. The specific areas you change depend on how you view your drug problem, your motivation, and how you want your life to be. Each of these areas of recovery is discussed below.

Physical Recovery

Get regular check-ups with your doctor and dentist, and seek treatment if you have any problems. Follow a reasonable diet, pay attention to your weight; exercise regularly; and get enough sleep. Learn to fight off cravings for drugs. Be careful about using highly addictive medications; let your doctor or dentist know about your addiction if you are being prescribed medications for pain, anxiety or attention deficit problems since many medicines used to treat these disorders can be addictive.

Psychological Recovery

Psychological recovery involves accepting your addiction and developing a desire for recovery, changing some of your “stinking” (negative) thinking, managing emotions without resorting to substance use, changing behaviors (such as people, places, things), using coping skills to handle problems and stresses, and becoming comfortable with a “drug-free” identity. Don’t let problems or setbacks drag you down or make you give up. Get help for any psychiatric disorder or other compulsive disorder (sex, gambling, eating, shopping, other) that you have.

Family Recovery

Recovery involves facing the impact you have had on your family. This can be addressed in counseling and any of the 12-step programs. Steps 8 and 9 focus on “making amends” to family or friends harmed by addiction. You can involve your family and concerned significant others in some of your treatment sessions, and encourage them to attend Nar-Anon or Al-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

Social recovery involves learning to resist pressures from others to use drugs or alcohol, avoiding high-risk people, places and events, and developing a network of people who support your recovery. It also involves changing relationships, lifestyle, 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 revolve around drug use. 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 how 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

This area of recovery involves addressing guilt and shame, finding meaning in your life and relying on God or your Higher Power rather than on yourself. Recovery helps you gain meaning and re-establish meaningful connections with others. You can also use your personal religious beliefs to aid your recovery.

Recovery Activity

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

Recovery Issue:

Steps to Take:

Positive Outcomes of Change:

6. Recovery from Other Addictions

Alcohol and Other Drugs

Recovery from cocaine or meth addiction is affected by other substance use. Alcohol and other drugs affect your judgment, motivation, and behavior. Your risk of relapse to cocaine or meth increases if you use alcohol, marijuana or other drugs.

Those addicted to alcohol or sedatives may get sick with withdrawal symptoms when they cut down or stop drinking or drug use. Signs of alcohol withdrawal include sweating or increased pulse rate, hand tremors, insomnia (hard to sleep), anxiety, agitation, and in extreme cases, hallucinations or seizures.

Opioids include heroin and other analgesics or pain relievers. These produce a dreamy or euphoric state, lessen pain, slow breathing, cause constipation, and constrict the pupils. Addiction to these drugs also complicate recovery from cocaine or meth addiction.

Marijuana (pot, MJ, hash, cannabis) is used by many individuals addicted to stimulants. It is not the benign drug that many addicted to stimulants believe it to be. It can cause harm to your life and can increase the risk of relapse back to stimulant use.

Nicotine addiction is associated with medical problems and early death. Treatments include: patches, gum, nasal spray, medications, counseling and 12-step programs.

Gambling Addiction

Many stimulant addicted individuals like the action and excitement that gambling provides. Compulsive gambling involves obsession with gambling, repeated efforts to control or cut back this behavior, and problems resulting from it. The person may gamble with increased amounts of money, or lie to others to conceal the gambling. Illegal acts such as forgery and fraud may be committed to get money to gamble. The compulsive gambler may lose relationships or jobs or become depressed. Counseling and medications such as antidepressants can help control this addiction. Gamblers Anonymous is helpful, too.

Sex Addiction

Addictive sexual behaviors can coexist with drug addiction and can be a factor in relapse. Some people have multiple partners yet do not use protection. Others exchange sex for drugs. Many use stimulants to enhance their sexual experiences. However, these drugs are associated with higher rates of unsafe sexual behaviors that increase the risk of infection or transmission of HIV or other diseases. A new set of problems is out of control use of pornography on the Internet. Development of healthy sexuality can be achieved with therapy and a 12-Step program such as Sexaholics Anonymous (SA) or Sex and Love Addicts Anonymous (SLAA).

Other Addictions (Behaviors)

These include compulsive buying, stealing, videogames, and Internet addiction (with or without pornography). Talk with your counselor about any other addiction you have.

Recovery Activity

Other substances: Check all the following substances that you are currently using or believe you are addicted to.

- ☐ Alcohol
- ☐ Opioids: illicit drugs like heroin
- ☐ Opioids: prescriptions like codeine, oxycodone, hydrocodone, fentanyl, etc.
- ☐ Marijuana (pot or hash or weed); spice.
- ☐ Tranquilizers such as benzodiazepines or other downers
- ☐ PCP (angel dust)
- ☐ Other drugs, designer or “club” drugs (Ecstasy, Rohypnol, Bath Salts, Molly)
- ☐ Hallucinogens (LSD, STP, DMT, mushrooms)
- ☐ Inhalants (glue, gasoline, solvents, poppers, snappers)
- ☐ Nicotine

Other addictions: Check the following non-substance behaviors that you believe you are too involved with or that you have an addiction to.

- ☐ Gambling
- ☐ Sex
- ☐ Computer or video games
- ☐ Internet
- ☐ Spending money or shopping
- ☐ Stealing
- ☐ Other (write in: _____)

Strategies to Manage Other Addictions

- Address your addiction to other substances or behaviors. Seek treatment if you need help dealing with another addiction.
- Attend 12-step groups for compulsive gambling, sex, shopping and other addictions. The process of recovery is similar for many addictions, although some aspects will be unique to the type of addictions you have.
- Relapse to one type of addiction can contribute to relapse of another type of addiction so focus on using relapse prevention strategies with your primary addiction.
- Recovery from any addiction is multi-faceted. It involves hard work and a “program” of change as well as support from others (recovery is a “we” not an “I” endeavor).
- Do not exclude nicotine addiction as this can lead to a reduction of lifespan. More people die from nicotine addiction than any other substance addiction. It is a serious and fatal addiction if not addressed.

7. Managing Cravings for Drugs

Cravings for cocaine, meth or other substances are common, especially in the early phase of recovery. Your cravings may differ in frequency or intensity. Learn to identify triggers, know their physical and mental signs, and have coping strategies to manage drug cravings. The 12-Step programs recommend avoiding “people, places and things” to reduce temptations and cravings. However, you can’t avoid these totally.

Drug cravings can be triggered by many things in the environment that remind you of cocaine, meth and getting high such as people you used with, places and events where you used, other drugs or alcohol, and sights, sounds or smells in your environment. Examples include needles, smoke, pills, beer or liquor bottles, music associated with drug use, or baby powder (a cocaine reminder for some). Drug cravings can also be triggered by internal discomfort such as feeling anxious, angry, bored, depressed or upset.

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

Recovery Activity

Think of recent times when you craved drugs but did not give into your craving.

1. What triggered your cravings?

2. What were some physical signs?

3. What were some psychological signs?

4. What helped you manage your craving without using drugs?

Strategies to Manage Drug Cravings

- **Get rid of drugs and paraphernalia.** There is no need to tempt yourself by keeping any drugs or items related to getting high in your living environment.
- **Change your phone numbers.** This reduces the chances of dealers or others calling you on a land-based line or cell phone to sell you drugs or invite you to get high.
- **Know when you are having a craving by learning to “read” physical and psychological signs.** Know your triggers, so that cravings do not sneak up on you. If you notice signs of cravings, ask yourself if you have a desire to use.
- **Talk with others.** Talk with someone face-to-face, on the phone or before or after an NA, CA, CMA or AA meeting. Choose someone who understands addiction such as a sponsor or 12-step program member or family member or friend who won’t judge you. Keep a list of names and phone numbers handy. Putting your cravings into words gives you more power over them. Have a list of specific people you can contact.
- **Reach out to others in NA, CMA, CA or AA.** They have survived drug cravings so they can teach you what worked for them. Ask for tips on how they managed their drug cravings. Members of AA can help you since many strategies can be used regardless of the drug of choice of a person in recovery.
- **Redirect your activity.** Do something active. Go for a walk or drive, do housework, go to a movie, exercise, read recovery literature, watch a movie or TV, listen to music, write in a journal, eat something, or pray. An activity redirects your mind, helps calm you down, and reduces the intensity of your craving.
- **Change your thoughts.** Tell yourself you can put off using cocaine or meth until tomorrow (by this time your craving will be gone). Think of the bad things that happened as a result of your addiction. 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 “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,” or “easy does it.”
- **Avoid threatening situations.** Do not go to places or events where you will feel pressure to use cocaine, meth, other drugs or alcohol. Avoid dealers or other addicts who could influence you to use drugs.
- **Consider medications:** although there are currently no medications approved by the FDA for stimulant addiction, some have shown promise and may be prescribed. Talk with a doctor who specializes in addiction treatment about medication options.
- **Keep a craving journal.** At the end of each day, record the overall degree to which you experienced cravings for cocaine, meth or other drugs. Use a scale of 0 to 5: 0=no craving; 3=moderate craving; 5=very 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). Then, list coping strategies to help you control your craving and not use drugs.

8. Managing People, Places, Things and Events

People, places, things and events can contribute to pressure to use cocaine, meth or other substances. Inability to manage social pressure to use drugs is one of the most common relapse risk factors for addiction. Social pressures can be direct such as being offered substances by another person. Or, social pressures can be indirect such as being present at a family gathering, work, social or community function where drugs or alcohol are present. In addition, many “things” can trigger off a desire to use drugs.

Recovery requires you to identify specific people, events, and situations in which you are likely to experience direct or indirect social pressure to use cocaine, meth or other substances. You need to be aware of how social pressures to use drugs affect your thinking, feelings and behaviors. Learn to use active strategies to resist social pressures.

“High-risk” people can drag you down if you are not careful. Drug dealers, friends or family who are addicted, get high or drink to excess are some examples. You may need to avoid or minimize contact with these people, and get connected to people in NA, CA, CMA, AA or people who do not use drugs or drink excessively. Avoid places and events in which drugs or pressure to use them is present.

Recovery Activity

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

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

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

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

Strategies to Manage Social Pressures and High-Risk People

- In early recovery avoid high-risk people, situations and events by planning your day around non-substance activities and people who do not get high. Instead, spend time with people who are drug-free and recovering.
- Be realistic about recovery and the need for total abstinence. Don't drink alcohol or use other drugs as these can lead back to cocaine or meth.
- 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 cocaine, meth or other substances.
- Say straight out you have a problem or are in recovery. For example, you can say "I'm not getting high any more; drugs messed me up so I'm staying away from the stuff; or I'm in NA, (CA, CMA, AA) so drugs have no place in my life."
- Refuse the offer without giving an explanation. It is your own business that you are in recovery, so you do not owe anyone an explanation if you do not want to use.
- Say "*I am not using today!*" If the same person often pressures you, tell this person that you are in recovery from addiction.
- Tell the person not to offer you substances. People important to you can be told "I would appreciate it if you wouldn't offer me cocaine (meth or other drugs)." People you got high with may not care about your recovery. Avoid them.
- Offer an alternative activity. If the person offering you a substance or inviting you to a place or event where drugs are available, offer an alternative activity in which drug or alcohol use is not the expectation.
- Review the strategies in the "Managing Cravings" section for ideas on dealing with "things" that can trigger off a desire to use drugs. These triggers can occur in social situations (eg., you see, smell or hear things that are "cues" to use drugs or get high) or when you are alone (eg., you hear music that reminds you of using drugs or find drug paraphernalia).

9. Managing Emotions

“Emotions” or “feelings” refer 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.

Positive emotions include feeling happy, cheerful, glad, hopeful, or loving. These emotions feel good. Negative emotions include feeling angry, anxious, 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 drugs to escape your feelings. Your anger can 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 that you are anxious about. This in turn may contribute to depression.

Emotions and Relationships

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 sustain satisfying relationships. Recognizing emotions of others means knowing how to read body language, gestures, and tone of voice. This involves figuring out what another person is feeling by what they say or how they say it, and even by what they do not say.

Emotions and Recovery from Addiction

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. 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.

Recovery Activity

1. How would you rate your ability to manage and stay in control of your emotions?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
2. How would you rate your ability to “read” the emotions of other people?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
3. How would you rate your ability to express positive emotions like gratitude to others?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)

4. How would you rate your ability to show empathy (being aware of and sensitive to the feelings and experiences of other people) and concern towards others?
☐ Excellent ☐ Good ☐ Fair (need help) ☐ Poor (really need help)
5. Which of the following emotions do you need help with at this time or you think could impact on relapse to cocaine, meth or other substance use?
☐ Anger
☐ Anxiety or fear
☐ Boredom
☐ Depression or sadness
☐ Emptiness
☐ Grief
☐ Guilt and shame
☐ Hopelessness
☐ Loneliness
☐ Sharing positive emotions with others (e.g., love, joy, happiness)
☐ Other (write in _____)

Strategies to Manage Emotions

- Identify your emotions and how they show in your body, thoughts and behaviors.
- Challenge and change inaccurate thoughts and beliefs that contribute to anger, anxiety, boredom, fear, depression, grief, or other emotions.
- Talk about your emotions with people you trust—therapist, family, or friends. Share positive emotions in what you say and how you act (or what you do).
- Deal with relationship problems that contribute to upsetting emotions.
- Identify and manage high-risk emotional states (anger, anxiety, depression, etc.) that have contributed to your use of cocaine, meth or other substances in the past.
- Keep busy, have fun and relax. Do something pleasant every day if possible. Build non-substance activities into your life.
- Build a social network of others who do not use drugs or have substance problems. Connect with other people in recovery in NA, CA, CMA, or AA.
- Use the “Serenity Prayer” said in NA, CA, CMA, and AA.
- Take a daily inventory of your emotions to remain vigilant about recovery.
- If you have a mood or anxiety disorder, consider medications if talk therapy alone does not help enough or you experience chronic symptoms that are distressing and interfere with your life.

10. Impact of Addiction on Your Family

Family members including children are affected by cocaine, meth or other substance problems. The actual effects depend on the severity of your addiction, 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 addiction can disrupt the daily routines in your family and upset its emotional balance. Family members may feel angry, irritable, resentful, depressed, helpless or guilty. They may feel at wit's end or like they are walking on eggshells, always worrying about you.

Learning about addiction, 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 treatment and recovery in groups such as Nar-Anon, your family members can:

- Provide help, support and encouragement to you.
- Provide 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 addiction.
- Get support from others who have lived with addicted family members.
- Feel better about themselves.

Your family should avoid taking on too much responsibility for you or covering up your addiction 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, focusing on enjoyable activities and relationships, and giving themselves credit for the help and support provided to you are examples of helpful behaviors.

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

If a family member is depressed, anxious, worried or is abusing alcohol or 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 self-help programs are sources of support.

Children may experience anxiety, fear and depression when a parent has an addiction. If any of your children have serious anxiety, depression, hyperactive behavior, alcohol or drug abuse or any other type of behavior problem, get them evaluated by a professional. Remember, they are at increased risk when a parent has a drug addiction.

Recovery Activity

1. Describe how your family has been affected by your addiction.

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

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

Strategies to Address Family Issues

- Evaluate how your addiction has affected your family. Discuss this with a therapist or members of support groups. Include your family in some of your counseling sessions.
- Accept that your family may feel angry, upset, anxious or worried about you and need time to heal from these emotions.
- Encourage your family to learn about addiction, 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 or Al-Anon. They will get help from other family members who are dealing with addiction.
- Reach out to your family for help and support during difficult times. Ask them to help you spot early signs of relapse so you can catch things early. They are often able to see the signs of a possible relapse before you can.
- If you have done things that have hurt your family, at some point you should consider making amends (see Steps 8 and 9 of NA, CA, or CMA). Talk with a counselor or sponsor about this process so know when to make amends.

11. Developing a Support System

Individuals recovering from cocaine, meth or other substance addictions who have a social support system tend to do better in recovery than those who have limited, no social support or a negative support system. A support system includes people who care about you and organizations such as NA, CA, CMA, AA or treatment agencies. People in your support system may include family members, friends, co-workers, helping professionals or others in recovery from an addiction, the church, or other community organizations. People in your support system can:

- Provide 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 addiction.
- Help you learn strategies to manage and recover from your addiction.
- Provide you with a sense of belonging and purpose.
- Help you if you have a relapse or appear headed towards one.

Recovery Activity

1. List reasons why you should make recovery a “we” rather than an “I” program and use the support of other people.

2. List the names of organizations that can serve as a source of support to you.

3. List the names and phone numbers of family members or friends who can support you.

4. Describe what would prevent you from reaching to others for support.

Strategies to Build a Support System

- Identify family, friends and organizations that can make up your support system. Stay active with others and organizations so you do not recover alone.
- Keep a list of phone numbers of people you can call for help and support. You can also use emails and text messaging to communicate with them regularly.
- Face any fears you have of asking other people for help or support. Always keep in mind that recovery works best as a “we” rather than an “I” program.
- If you have trouble asking others for help or support, talk with your sponsor or a counselor to get their help on this issue. Learn to “reach out” to others for their support.
- Get involved in social activities that do not evolve around the use of cocaine, meth or other drugs or alcohol. Find non-substance activities and people in recovery with whom you can share activities.
- In the first several months of recovery, talk with others you trust every day about how you are doing. Share the truth, even if you are struggling with staying drug free, obsessions or strong cravings, or you do not like recovery. Also, talk about what goes well in your life.

12. Using 12-Step Programs

An excellent source of help is mutual support programs for addiction such as NA, CA, CMA or AA. Members of these programs can teach you the ropes about recovery, and help you during rough times as well as celebrate your progress.

Ask your therapist or others in recovery for information about programs in your community. Or, look in the phone book or internet under "Narcotics Anonymous, Cocaine Anonymous, Crystal Meth Anonymous or Alcoholics Anonymous." If you are too nervous about going alone ask another person in recovery to go with you. You do not have to talk at meetings unless you want to. Give yourself time to feel comfortable at meetings.

People who actively participate in these programs often do better than those who simply attend meetings. "Active" participation means attending meetings, helping to set up or clean up after meetings, talking with other addicted individuals before or after meetings, sharing during discussion meetings, getting phone numbers and staying connected to others in recovery, reading literature, getting a Sponsor who is an individual with years of recovery from an addiction, and working the 12-Step program. For many, NA, CA, CMA or AA become a way of life and help not only to deal with the addiction, but to establish a more meaningful life.

Components of NA, CA, and CMA

Meetings: these usually last an hour and either involve someone sharing their story of addiction and recovery (called a "lead" meeting) or an open discussion of one of more topics related to addiction or recovery (called a "discussion" meeting). Some meetings focus on one of the 12-Steps. Specialty meetings may be held for groups such as health care professionals, gays or lesbians, newcomers, or those with addiction and a psychiatric illness to name a few. Meetings may be "closed" for those in recovery from an addiction or "open" to anyone interested in learning about addiction or recovery. If you are new to the program 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 often 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 addiction, deal with the aftermath of it, and aid your ongoing recovery. Each Step has a specific focus and your sponsor, other members of NA, CA or CMA, 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 living drug-free.

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

Slogans: these are sayings in the program that provide insight on how to think about your addiction 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,” “keep it simple,” “think through the drug (or drink),” and “let go and let God.”

Service: as your recovery progresses, you may reach the point of helping others through volunteer work in NA, CA, and CMA or by sponsoring newcomers to the NA, CA, or CMA 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.

Other: 12-step programs have many pamphlets and books about addiction, recovery and various components of the program. Read the NA *Basic Text* and *Step Working Guide*. Programs may sponsor social events or activities that you can share with other in recovery without worrying about the presence of drugs.

Recovery Activity

1. State what you do not like about participating in mutual support programs .

2. List ways that NA, CA, CMA or AA can aid your recovery.

3. Describe ways that a Sponsor can aid your recovery.

4. State how “working” the 12-steps can aid your recovery.

Strategies to Get the Most Out of 12-Step Programs

- Attend lots of meetings, especially in the early months of recovery. Give meetings a chance by attending different ones and don’t make quick judgments about them.
- Get phone numbers from at least 3-5 other NA, CA or CMA members. Keep in daily contact with them by attending meetings together or talking by phone.
- Get a sponsor and talk regularly with him or her to “learn the ropes” of recovery. Ask a chairperson at a meeting to help you find a “temporary” sponsor. Get your sponsor to help you “work the 12-Steps.”
- Go out for the “meeting after the meeting” to socialize with others.
- Help set up and clean up after meetings.

13. Reducing Your Risk of Relapse

You can reduce your risk of relapse by staying active in a recovery program in which you regularly monitor drug cravings and behaviors, minimize your exposure to and use active coping strategies to deal with high-risk situations, review your progress, identify and work on problems and goals, and stay connected to others in recovery. Recognizing and managing early relapse warning signs and high-risk factors can also reduce your risk of relapse.

Recognizing and Managing Relapse Warning Signs

Relapse can happen regardless of how long you have been free from drugs or alcohol. The first several months and first year of recovery are the highest risk period for relapse, which means your program should be solid during this time. If you catch warning signs early, you can take action. Remember, relapse “prevention” is your goal.

Relapse is the process of returning to drug use after a period of recovery. You can be in a relapse process long before you use drugs. It can build up over hours, days, weeks or 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 clues show in:

- **Behavior changes** such as cutting down or stopping AA/NA/CA meetings or counseling sessions without talking with a counselor or sponsor; using alcohol, other drugs; putting yourself in high-risk situations (bars, parties, or socializing with others getting high); increased episodes of arguing, stress symptoms, lying or dishonest behaviors, or seeking out people you got high with in the past.
- **Attitude changes** such as becoming negative about your recovery, sponsor, support groups, counselor or doctor; not caring about your recovery; or believing you can recover on your own, that you do not need help or support from others.
- **Changes in thinking** such as believing you deserve drugs or can control your use; or, you can use other drugs or alcohol with no risk for relapse to cocaine or meth.
- **Feeling an increase** in anger, anxiety, boredom, depression, emptiness, loneliness, or guilt and shame. An increase in positive emotions can also be a warning sign.

Recovery Activity

If you relapsed before, 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. Where did your relapse occur, who were you with, and how long did it last?

3. List actions to manage warning signs should you or others notice them.

Identifying and Managing High Risk Situations

High-risk situations are those in which you feel you could relapse to cocaine, meth or other drugs. These can be situations in which you used drugs in the past or new situations. Once you identify your high-risk relapse factors, you can plan how to manage them. Following are potential high-risk factors that could contribute to relapse.

- **Emotions:** not using positive coping strategies to manage anger, anxiety, boredom, depression, fear, loneliness or guilt. Or, feeling overconfident.
- **Social pressures:** not using positive coping strategies to resist pressures from others to use drugs or alcohol; or, living with someone who gets high or is addicted.
- **Relationship issues:** not resolving conflicts or problems with others, not enjoying sex without drugs, isolating yourself, or lacking sober friends.
- **Treatment problems:** lowered motivation, dropping out of treatment early, or failure to follow through with recovery tasks.
- **NA, CA CMA or AA issues:** cutting down or stopping meetings on your own, not “working” the program, or not talking to a sponsor or peers regularly.
- **Cravings:** strong desires to use drugs, keeping drugs or paraphernalia at home, testing your ability to be around others getting high, using alcohol or other drugs.
- **Other risk factors:** feeling exhausted or fatigued, other addictions (work, gambling, sex), psychiatric problems, or finding it hard to ask for help or support from others.

Recovery Activity

Choose one high-risk factor from your list. Provide specific details about this, and then identify three coping strategies to manage it. You can use this same process for other high-risk factors.

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 or on your smart phone that lists the name, phone numbers and email addresses of people who support your recovery. Contact one of them 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 drugs or alcohol before you use. Their support may help you to stay sober. List names, phone numbers, email addresses of 3 or more people you can rely on.

What to Do if You Relapse

- Convince yourself to stop using right now and get back on track. Reach out to others for help and support. Talk with someone who knows you and is willing to help you.
- Resume counseling or mutual support meetings if you stopped them. Tell your counselor and others in the program about your relapse.
- If you got physically addicted again and have withdrawal symptoms, get medical detoxification in a hospital, rehab program or outpatient clinic.
- Do not let a relapse drag you down or be an excuse to give up.
- Once you are back on track, use your support network to deal with your feelings about your relapse (guilt, shame, failure). Learn from it by figuring out your warning signs and high-risk situations that you ignored.

Recovery Activity

1. Imagine that you use cocaine or meth following a period of sobriety for months or longer. What could you do to stop using and get help from others?

2. At the end of each day, ask yourself if any warning signs or high risk situations were present that could impact on a relapse if you don't take action? ☐ Yes ☐ No

If yes, what are these signs and your plan to manage them?

3. 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 are these situations and what is your plan to deal with them?

Strategies to Reduce or Stop a Relapse

- Stay active in working a daily plan of recovery. You should have goals you are working towards and steps to take to reach these goals related to your recovery.
- Know potential relapse warning signs and develop a plan to manage these. Learn about obvious warning signs as well as those that are harder to notice.
- Know your high-risk factors and have a plan to manage these. Prepare ahead of time so you are not taken by surprise by high-risk situations.
- Share your plan with others to get their input and support. Do not try to recover along. Use the help and support of others, especially those in recovery.
- Never give up, no matter how difficult things get.
- Learn from your relapses to strengthen your recovery program.
- Have a plan to stop a relapse should you resume drug use. Stop it quickly!

14. Managing Co-Occurring Psychiatric Disorders

Addiction combined with psychiatric illness is called a “co-occurring” or “dual disorder.” Over one-half of people with drug abuse or addiction have a psychiatric disorder during their lifetime. The most common are mood (depression, bipolar illness), anxiety, personality, psychotic, attention deficit, and eating disorders. Some people have more than one disorder.

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

Each psychiatric disorder has a set of symptoms, which may involve your mood (how you feel), thinking (how you interpret the world), behavior (how you act) and physical health (your appetite, sleep, energy, and 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 recurrent episodes over time. The length of each episode and the amount of time between episodes may vary. Some people experience persistent symptoms over time, which requires them to manage and live with symptoms that never totally go away.

Treatment for Co-Occurring Disorders

Treatment may involve a combination of hospital, residential, partial hospital, intensive outpatient or outpatient programs. Individual, group or family therapy, medications, and other services may be used. It is best to find an “integrated” treatment program that can address both of your disorders.

If you receive only one type of treatment (therapy or medications) and only respond partially to it, you should consider adding the other type of treatment. For example, if you make only modest gains in treatment of depression with therapy, an antidepressant could be of great help to you. Electroshock therapy can help with some severe mood or psychotic disorders when medications cannot be taken or are not effective.

Behaviors that interfere with progress include failure to keep scheduled appointments, not taking medication as prescribed, suicidal or violent threats and gestures, not accepting responsibility for changing, or not having a focus for your therapy sessions. Your progress will be limited if you continue to use alcohol or other drugs. If you have trouble staying sober, work with your therapist (and your sponsor) to help you move towards sobriety. Never give up, no matter how hard it is to stay sober.

Medications for Co-Occurring Disorders

Medications is used for treatment of some psychiatric disorders. These stabilize acute symptoms, or treat your illness and reduce relapse risk. Medications may be used to reduce the side effects of other medications. The ones used with you will depend on your psychiatric disorder and the severity of current symptoms. Some people in recovery express negative views of medications used for psychiatric disorders. Ignore what they say and take your doctor's recommendations for medicine. If you feel pressured to stop medications, talk with your therapist or sponsor.

Medications should be used with therapy or counseling and mutual support programs. Medications may not take care of all of your symptoms. If you stop taking your psychiatric medication, you raise your risk of psychiatric relapse. Single episode disorders often require medication for several months after symptoms improve. Chronic or recurrent disorders may require ongoing medications to lower the chances of a future episode or severity of it.

If you have any questions about medications, side effects or interactions with other medicines, alcohol or street drugs, talk with your doctor or a pharmacist. Make a list of questions for your doctor before your appointment so you can get these answered.

Alcohol and drug abuse can lower the level of some medications in your blood, cause a bad reaction, or lower your motivation to comply with medications and therapy. Abstaining from substance use allows you the chance for maximum benefit from medications.

Recovery Activity: Assessing Your Psychiatric Symptoms

Following is a brief list of the more common psychiatric symptoms associated with different types of disorders. Put a ✓ next to any that you currently are experiencing. If you do not have any psychiatric symptoms you can skip this section.

Mood and Related Symptoms

- ☐ Feel depressed, sad, hopeless, helpless or can't experience pleasure in life
- ☐ Low energy or motivation, hard to concentrate or solve problems
- ☐ Poor appetite, hard to fall or stay asleep, or sleep too much
- ☐ Mania (high moods) or mood swings between depression and mania
- ☐ Racing thoughts that are hard to control (hard to stick with one topic)
- ☐ Get involved in too many projects, risky behaviors or spending sprees
- ☐ Sleep very little or go days without sleep
- ☐ Suicidal thoughts, plans or attempt

Anxiety Symptoms

- ☐ Severe anxiety or worry or avoiding situations causing anxiety
- ☐ Panic attacks (racing heart, fears, worry about going crazy or dying)
- ☐ Strong fears or phobias (leaving home, flying, closed spaces, heights)
- ☐ Bad memories or intrusive thoughts about trauma, or physical or sexual abuse
- ☐ Obsessive thoughts (you repeat thoughts that intrude your mind)
- ☐ Compulsions (repeating behaviors such as checking, counting or washing)

Psychotic Symptoms

- ☐ Unusual experiences (you hear, feel, see or smell things others do not)
- ☐ Unusual beliefs or delusions (you are being watched by others or feel paranoid)
- ☐ Thinking difficulty (feel confused or have strange thoughts)
- ☐ Behavior changes (stop eating or act very strange)
- ☐ Mood changes (feel strange, flat or have mood swings)
- ☐ Negative symptoms (low motivation, social isolation, decreased thoughts)

Eating Symptoms

- ☐ Making yourself vomit after eating
- ☐ Too much dieting
- ☐ Eating too little due to fear of gaining weight or becoming fat
- ☐ Constant worry about weight gain or appearance
- ☐ Frequent use of diuretics or enemas
- ☐ Too much exercise in an attempt to control your weight

Attention Deficit Symptoms

- ☐ Hard to focus, pay attention, listen, sit still or finish tasks
- ☐ Hard to get organized (at home, work or school)
- ☐ Feeling hyper, restless, on edge, like your “motor” is always running
- ☐ Get easily frustrated, even with small things
- ☐ Do things impulsively by acting before thinking of consequences

Behavioral Symptoms and Relationship Problems

- ☐ Self-harm (cutting or burning self, overdosing on pills, etc.)
- ☐ Bad temper problem (bully, threaten or intimidate other people)
- ☐ Violence towards people (hit, slap, push, punch, kick)
- ☐ Used a weapon to hurt or threaten others (bat, brick, knife, gun)
- ☐ Serious problems with spouse, parent or other family member
- ☐ Serious problems in relationships
- ☐ Lying, conning or deceiving others
- ☐ Trouble at work (missing days, getting fired, can’t hold job, can’t find job)
- ☐ Trouble at school (skipping, bad grades, don’t do work, kicked out, quit)
- ☐ Trouble with the law (arrested, did time in jail or prison, on probation or parole)
- ☐ Other: write in (_____)

List below your psychiatric diagnos(es). Ask your doctor or therapist if you don’t know.

Briefly describe how your life has been affected by your psychiatric disorder(s).

Strategies to Manage a Psychiatric Disorder

- Get an evaluation by a psychiatrist or other mental health professional to find out if your symptoms meet criteria for a psychiatric diagnosis. Treatment recommendations can then be made based on your diagnosis and the severity of your episode of psychiatric illness.
- Complete any treatment program that you attend. If you want to quit treatment against medical advice, talk with professionals providing your care before making a decision.
- Use therapy wisely. Set goals, attend all sessions, and share your feelings, thoughts and problems with your therapist. Go with an agenda of problems or issues to discuss.
- Be an active learner and ask questions about your disorders, treatment or recovery. Read books, listen to audiotapes or watch videotapes.
- Take responsibility for getting the most out of treatment and recovery. Work hard to change yourself and your life. Stick with your plan, even when you do not feel like it.
- Follow your recovery plan even when your motivation is low.
- Participate in mutual support programs for psychiatric illness, addiction or both. Attend meetings, read literature, and attend events sponsored by these programs.
- Find people recovering from co-occurring disorders and exchange telephone numbers. Seek them out for help and support, and attend meetings with them.
- Work towards progress not perfection. Even a 15% reduction of your symptoms or a 20% improvement in one area of your life is significant.
- Avoid alcohol and drug use as this can interfere with your recovery from psychiatric illness or affect medications. Staying sober puts you in the position to get maximum benefit from therapy or counseling, medication and mutual support groups
- Be open to taking medications for your psychiatric illness. Or, if these do not work or you can't take them, consider electroshock therapy if you have a severe type of mood or psychotic disorder that isn't improving enough.

15. Helpful Resources

Resources can be accessed on the internet through, publishers of recovery literature, mutual support programs (NA, CA, CMA) and at bookstores. An excellent source of information on drugs, addiction, treatment and recovery is the National Institute on Drug Abuse's webpage. Go to www.nida.nih.gov where you will find information on all types of drugs as well as treatments for cocaine or meth abuse or addiction.

Reading about addiction and recovery or problems can aid your recovery. The *Basic Text* of NA and *Step Working Guide* are excellent sources of information, and can be purchased at an NA meeting or NA World Services.

Alcoholics Anonymous	www.alcoholic-anonymous.org
Al-Anon Family Groups	www.al-anon.org
Cocaine Anonymous	www.ca.org
Crystal Meth Anonymous	www.crystalmeth.org
Dennis C. Daley, PhD	www.drdeniscdaley.com
Dual Recovery Anonymous (DRA)	www.dualrecovery.org
Hazelden Educational Materials	www.hazelden.org
Health Communications Books	www.hcibooks.com
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

References Suggested Readings

Daley DC. & Donovan DM. *Using 12-Step Programs in Recovery*. Murrysville, PA: Daley Publications, 2010.

Douaihy A, Daley DC, Marlatt GA & Donovan DM. Relapse prevention: Clinical models and intervention strategies. In *Principles of Addiction Medicine*, 5th ed. Philadelphia, PA: Lippincott, Williams & Wilkins, in press 2014.

Narcotics Anonymous (Basic Text). CA: NA World Services, 1988.

National Institute on Drug Abuse (NIDA). The NIDA website (www.nida.nih.gov) has information on stimulant drugs, research studies, as well as treatment interventions and manuals for professionals (e.g., see *Therapy Manuals for Drug Abuse*).

US Department of Health and Human Resources. *Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders* (Counselor's Manual, Family Education Manual, and Client Handbook). Rockville, MD: SAMHSA, 2006.

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

Client and Family Materials

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

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
Substance Use Disorders
Treating Chronic Mental Illness and Substance Use Disorders

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