

Understanding Substance Abuse and Treatment



Understanding Substance Abuse - Signs and Symptoms

Substance Abuse Treatment

Recovery

Relapse

The Importance of Support for Family and Friends

Substance Abuse in the Workplace

Adolescents and Substance Abuse

Self-Help Toolkit

After Ed's hip replacement surgery, his doctor gave him a strong prescription to relieve the pain. The pills relieved the pain, but they also helped Ed forget about his sadness over his wife's recent death at the age of 68. He used the prescription even when he didn't need it for the pain. His children are worried but don't know what to do.

Joe, 39, always had a few beers after work, but he started drinking more heavily after he lost his job. It seemed to help him relax, and while he was drinking he could ignore the bills accruing and the disappointing job prospects. It was only after he got drunk at his cousin's wedding that his family suspected that he had a problem.

Amy, 16, wasn't sure why she started using marijuana. All her friends were doing it, so she figured it couldn't hurt just once. During her parents' divorce, she started spending more time with her friends to avoid the fighting at home. Now she uses pot regularly and has started drinking alcohol. She tried to run away a few times, and then her mom caught her stealing from her wallet.

Introduction

Substance abuse comes in different forms, whether it is legal substances such as alcohol, illicit substances like cocaine or meth, or prescription drugs used nonmedically. Any population is susceptible to developing an addiction, from teens to elders and across all socioeconomic levels.

Many families are touched by substance abuse of some kind. When someone you care about has a substance abuse problem it can be frightening. It's very important for family members to remember that they did not cause the substance abuse. Your fears and concern for this person may become so overwhelming that you may not know what to do next. Some people may lose their sense of self and their ability to care for their own personal needs and the needs of others.

Substance abuse is prevalent – many use, abuse, and develop a dependence on substances whether they are legal or illegal. Despite its prevalence, however, many people do recover and beat their dependence. There are many different treatment programs available to address individual needs.

The person abusing the substance must choose change, which can be problematic as often the severity of their problems is not as apparent to them as it is to their families. However, concerned loved ones *can* make a difference. Understanding how substance abuse develops, is treated, and is overcome are essential first steps in supporting a loved one with a problem.

Much of the information in this guide is primarily designed to help loved ones of individuals struggling with substance abuse. With information, you can take care of yourself and then support those with this problem.

Those seeking help overcoming their substance abuse problem should speak with a mental health or substance abuse professional. This guide provides resources and other educational information.



Please note that all material contained in this guide is for informational purposes only. It is not intended to be a substitute for professional medical advice, should not be considered comprehensive, and should not be used in lieu of a visit, call, consultation, or advice by your physician, psychiatrist, psychologist or other health care provider.

This guide does not cover all aspects of substance abuse or its treatment, nor does it recommend the self-management of substance abuse or other health problems. Should you have any healthcare-related questions, please do not hesitate to communicate with your physician or other health care provider immediately. Never disregard medical advice or delay in seeking professional medical advice because of something you have read in this guide.

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Certain treatments may or may not be covered through your benefit plan. Coverage depends on the plan specifications and relevant guidelines maintained in relation to the benefit plan.

Table of Contents

Introduction	1
Chapter 1 Understanding Substance Abuse - Signs and Symptoms	3
Chapter 2 Substance Abuse Treatment	19
Chapter 3 Recovery	31
Chapter 4 Relapse	33
Chapter 5 The Importance of Support for Family and Friends	35
Chapter 6 Substance Abuse in the Workplace	39
Chapter 7 Adolescents and Substance Abuse	41
Chapter 8 Conclusion	48
Self-Help Toolkit Self-Appraisal	49
Identifying Signs of Codependency	51
Drug Table	53
Substance Abuse and Recovery Resources	60
Substance Abuse and Recovery Bibliography	62
Works Cited	68

Chapter 1: Understanding Substance Abuse - Signs and Symptoms

To help a person who abuses or is dependent on a substance, it is useful to understand the different ways substances may be used. Here are three:

- **Experimental Use** – Individuals try drinking alcohol or using illicit drugs either through curiosity or peer pressure.³
- **Social/Recreational Use** – In the case of alcohol, as long as the use does not cause problems for the user or for others, most people consider this use to be social or recreational. It is important to note that while alcohol may be legal to use, other types of drugs are not.⁴ The use of a substance that is considered illicit, such as marijuana and cocaine, ultimately results in legal problems for the user. Illegal substance use is not considered social/recreational use. It is considered abuse.
- **Abuse** – The use of alcohol or other drugs has become a central part of an individual's life, and this person is unwilling or unable to participate in important activities or responsibilities because of their substance use. Examples of abuse include use of alcohol or drugs in spite of drug-free workplace policy, taking prescription drugs without a prescription or taking drugs in ways that are not prescribed, use of over-the-counter drugs to the point of impairment, or any use of an illicit drug.⁵

Illicit Drug Use and Alcohol Abuse Statistics:

Of individuals 12 and older:

- 8.2 percent used any illicit drug in the past month (including marijuana)
- 6.2 percent used marijuana in the past month
- 2.7 percent used prescription drug for non-medical purposes in the past month¹
- 50.1 percent were current drinkers
- 22.6 percent had participated in binge drinking at least once in the 30 days prior to the survey
- 6.8 percent were heavy drinkers²



Substance Abuse

According to the American Psychiatric Association, substance abuse is the “maladaptive pattern of substance use leading to clinically significant impairment or distress.”⁶

Simply stated, it is the use of a substance that significantly harms or interferes with a person’s life, creating unwanted problems and consequences. Here are four descriptions of how abuse may interfere with a person’s life:

1. Recurrent use influences work performance and responsibilities at school or home. Examples include repeated absences, poor work performance, or inability to care for self or children due to substance use.⁷
2. Recurrent use in situations in which it is physically dangerous, such as driving a car or operating machinery when impaired.⁸
3. Recurrent substance-related legal problems such as arrests for substance use, repossession of property, loss of child custody or visitation rights, or substance-related conduct problems.⁹
4. Continued substance use despite having persistent social or interpersonal problems that are substance-use related, such as fights with partner about substance use, actions or events related to substance use, or physical fights.¹⁰

Binge drinking, which is common among underage drinkers and college students, is substance abuse. For some people, it may be associated with substance dependence. According to the United States Centers for Disease Control, binge drinking is consuming five or more drinks for men and four or more drinks for women in a row or within a short period of time.¹¹ More information about binge drinking and its effects can be found in the Adolescent Addiction section.



Substance Dependence

In addition to abuse, another problem is substance dependence. This occurs when the person continues to use the substance (alcohol, illicit drugs, or the misuse of prescriptions drugs) despite significant substance-related consequences.¹² Individuals may continue to use despite legal or financial problems or relationship conflicts related to using substances. Individuals may also continue their use to avoid or relieve the symptoms of withdrawal.

Withdrawal is “the body’s attempt to rebalance itself after cessation of prolonged use of a psychoactive drug.”¹³ When the use of drugs interferes with normal body functioning, the body performs the delayed functions in excess during a period of withdrawal. Symptoms vary depending on the substance of use but may include cramps, vomiting, insomnia, or convulsions.¹⁴

According to the American Psychiatric Association and the National Institute on Drug Abuse, an individual may be dependent on (or addicted to) a substance if they experience or display any three of these criteria within a twelve-month period:

- Substance is often taken in larger amounts or over longer period than intended.
- Persistent desire or unsuccessful efforts to cut down or control substance use.
- A large amount of time is spent in activities to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., continuous drinking), and to recover from its effects.
- Important social, occupational, or recreational activities given up or reduced because of substance abuse.
- Continued substance use despite knowledge of having a persistent or recurrent psychological or physical problem that is caused or exacerbated by use of the substance.
- Tolerance, as defined by either:
 - a. Need for more amounts of the substance in order to achieve intoxication or desired effect.
 - b. Markedly diminished effect with continued use of the same amount.
- Withdrawal, as manifested by either:
 - a. Characteristic withdrawal syndrome for the substance.
 - b. The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.^{15, 16}

Substance dependence is often summarized as the three C’s:

- **Control** – Loss of control over use of the substance
- **Consequences** – Continued use of substance despite negative consequences.
- **Compulsion** – Increased preoccupation with use.



Chapter 1: Understanding Substance Abuse - Signs and Symptoms

Whether one who uses alcohol or drugs becomes dependent on these substances is influenced by many factors, such as the psychoactive properties of the drugs, the individual's predisposition toward use, personality, cultural and social settings, drug availability and the pattern and frequency of use. Researchers have offered differing explanations for the causes of substance abuse and dependence. Here is a brief summary of some of the more common models:

- **Addictive Disease Model** – Addiction or dependence is a disease that is chronic, progressive, relapsing, incurable and potentially fatal.¹⁷ This means that:
 - a. The disease occurs and recurs overtime.
 - b. Once you are addicted to a substance you always will be.
 - c. Continued substance abuse may be fatal.

In this theory, an individual may be genetically susceptible to addiction due to inherited irregularities in brain chemistry. When this person experiments with a substance in an environment that is conducive to drug use, this person may be more likely to develop a compulsion to use, lose control of their use, and have an increased determination to continue to use despite the negative physical, emotional, and life consequences.¹⁸

- **Behavioral/Environmental Model** – This theory proposes that a person's susceptibility to addiction may be caused by environmental or behavioral events that change brain chemistry. Studies that support this theory have shown that physical/emotional stress such as anger, peer pressure, and other environmental factors cause individuals to seek, use, and sustain their dependence on drugs.¹⁹ According to this model, there are six levels of drug use: abstinence, experimentation, social/recreational use, habituation (when there is a definite pattern of use, but the use has not yet negatively affected a person's life), abuse, and addiction.²⁰
- **Biochemical Adaptive Model** – This model proposes that addiction occurs when the body adapts to the toxic effects of drugs at the biochemical and cellular level. With sufficient quantities of the substance, the body and brain cells change, leading to addiction. There are four changes that characterize this process:
 - a. Tolerance
 - b. Tissue dependence
 - c. Withdrawal syndrome
 - d. Psychic dependence
- **Diathesis-Stress Theory of Addiction** – This model proposes that an individual may have predisposition to addiction as a result of genetic endowment. According to the model, as an individual experiences stress or challenge, they use substances to cope; this affects their brain chemistry. It then becomes more difficult for the person's brain chemistry to return to normal. The stronger the predisposition, the fewer drugs or environmental factors are necessary to push the person to addiction. The opposite may also be true, that the weaker the predisposition, the more drugs or environmental factors are necessary to lead to addiction.²¹

Commonly Abused Substances

People abuse different substances that are available to them to achieve a desired, pleasurable effect. The choice of substance is dependent on availability and the effect the individual desires. Substance abuse professionals classify substances into different categories that describe the effect they have on an individual's body.

Substances are often categorized by the effects they have on the user. These substances may be legal such as alcohol, legal only for specific use such as prescription medication, or illegal in any circumstance like cocaine and marijuana.²²

Basic categories include:

- **Depressants** – These substances depress the central nervous system by slowing heart rate and respiration, relaxing muscles, decreasing coordination, inducing sleep, and dulling the senses. Common illegal depressants include opium, heroin, and morphine. Alcohol is also a depressant as are some prescription drugs.²³
- **Hallucinogens** – These substances distort perceptions and induce illusions, delusions, or hallucinations. Common hallucinogens include LSD, ecstasy, and mushrooms.²⁴
- **Inhalants** – These substances may cause hallucinations or illusions and are inhaled either by sniffing or huffing (inhaling chemical vapors from various household substances). Common inhalants include aerosol sprays, paint thinners, and laughing gas.
- **Marijuana** – This substance may cause short-term effects that include memory and learning problems, distorted perception, difficulty thinking and solving problems.²⁵
- **Narcotics** – These substances are popular for controlling physical and emotional pain and creating a state of euphoria. Examples include heroin, morphine, and hydrocodone (Vicodin®).²⁶
- **Anabolic Steroids** – These steroids are used to enhance performance and give a competitive edge. Testosterone is an example of an anabolic steroid.²⁷
- **Stimulants** – These substances create excessive stimulation of the nervous system creating energized muscles, increased heart rate, increased blood pressure, insomnia, and decreased appetite. Common stimulants include cocaine and amphetamines, such as “crystal meth” as well as the prescription drug Ritalin®.²⁸

For specific information about different substances and their effects, refer to the drug table in the Self-Help Toolkit.

Addiction to nicotine or treatments for smoking or tobacco cessation are not discussed in this guide. For information about smoking cessation programs or help quitting, contact your EAP, mental health benefits company, or your physician. You may also explore resources online at www.liveandworkwell.com/smoking.

This guide does not address other addictions such as Internet addiction, sex addiction, gambling or other non-substance addictions. It also does not discuss caffeine addiction. If you have any concerns about any of the above, contact your EAP, mental health benefits company, a mental health professional, or your physician.

Pulse Check: Trends in Drug Abuse

The Office of National Drug Control Policy publishes Pulse Check to provide timely information on drug abuse and markets. Though the study focuses on 25 specific sites throughout the nation, its results cannot be viewed as a national study. Its description of patterns of illicit drug use and drug markets are valuable and informative.²⁹

The study revealed that marijuana is the country's most widely used illicit substance, and marijuana and crack are the most easily purchased. According to the study heroin is the drug associated with the most serious consequences, such as overdose deaths and involvement in emergency department episodes.³⁰

In addition to problems with methamphetamines, ecstasy, oxycontin, methadone, and PCP, other drugs are also emerging in the sites surveyed:

- Alprazolam (Xanax[®])
- Carlsoprodal (Soma[®])
- Codeine
- Triple C
- Hash
- Heroin
- Khat
- Marijuana
- Narcotic Analgesics³¹
- Prescription pills
- Sildenafil (Viagra[®])

Substance Abuse as a Disease and its Progression

In supporting a loved one with a substance abuse problem, it is helpful to understand the progression of the disease and how it manifests itself among different population groups. This information may help you coordinate treatment and support for your loved one. It may also help you anticipate what to expect and how to accept what you can and cannot control.

Many substance abuse experts use the disease model to explain the far-reaching effects of substance abuse. This model may be helpful in understanding your loved one's behavior, especially if this person's substance use is increasing, and you suspect that your loved one is developing a dependency.

There are three basic stages:

- **Early Stage:** The individual uses substances regularly and the use is no longer considered recreational or experimental use. At this point, the person is using more because they are developing an increased tolerance to the substance. They have to use more to get the same desired effect. The individual also may:
 - Drink to calm nerves
 - Be uncomfortable in situations where there are no substances
 - Drive under the influence
 - Desire to continue using even when others stop
 - Drink for relief
 - Be irritated when their drinking is discussed
 - Have occasional lapses of memory after heavy drinking or drug use
 - Frequently think about the next drink or substance to use
 - Lie about using substances, or the extent of use
 - Increase frequency of relief substance use³²

At this stage, the individual also loses control, begins to rationalize the substance use, hides desired substances, and may miss meals due to substance use.

- **Middle Stage:** The individual's tolerance has increased, and the individual is becoming dependent on the substance.
 - Has preoccupation with drinking or drugging activities
 - Gives many excuses for using substances
 - Feels guilty about using substances
 - Is irritable when personal substance use is discussed
 - Needs early morning drinks or substance use to control tremors or other withdrawal effects
 - Avoids nondrinking or nonusing situations
 - Lies about substance-using activities
 - Experiences increased memory black outs
 - Loses interest in other, previously enjoyed activities
 - Is unable to discuss problems

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Chapter 1: Understanding Substance Abuse - Signs and Symptoms

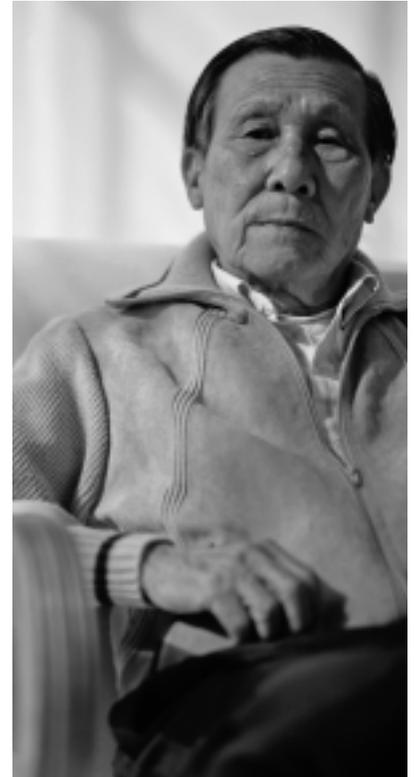
- **Middle Stage (continued):**
 - Makes promises to change but is unable to keep them
 - Displays grandiose and aggressive behavior
 - Neglects food
 - Fails at controlled drinking or using
 - Experiences problems with family, friends, finances, and work
 - Uses substances alone
- **Late Stage:** The individual's dependence on the substance has taken control of their life.
 - Experiences a deterioration of family relationships
 - Loses family relationships
 - Feels that other responsibilities interfere with using
 - Develops unreasonable resentments
 - Loses willpower and has lengthy periods of being drunk or high
 - Needs more morning drinks or drugs
 - Tries to escape the area to solve their drug problem, such as moving from one location to another
 - Is persistently remorseful for actions
 - Experiences impaired thinking or memory loss
 - Has successive drunks and highs
 - Has a decrease in alcohol or drug tolerance
 - Goes to hospital for drug or alcohol related problems
 - Has indefinable fears
 - Is unable to take action and has extreme indecisiveness
 - Is unable to work
 - Abandons will to change, has an "I don't care" attitude
 - Experiences deterioration of health and condition

Substance Abuse and Co-occurring Conditions

An individual has a co-occurring condition if they have a substance abuse problem and a mental illness or physical health problems. For example, an individual with a drinking problem suffers from depression or a person with bipolar disorder is also addicted to cocaine or other illicit drugs. Or, an individual with an alcohol use problem has a liver disease. These co-occurring conditions make it more difficult for individuals to seek the help they need, and they also may increase the challenges of treatment.

Statistics for Co-occurring Conditions³³

- Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse
- 37 percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness
- Of all people diagnosed as mentally ill, 29 percent abuse either alcohol or drugs.
- When consumers with dual diagnosis successfully overcome alcohol abuse, their response to mental health treatment improves remarkably.
- 90-100 percent of heavy drinkers show evidence of a fatty liver.³⁴
- Alcohol consumption is strongly linked to failure of reproductive functions and cancers of mouth, larynx, and esophagus.³⁵



According to the American Society of Addiction Medicine, the most common psychiatric disorders that are seen in addiction patients include:³⁶

- Schizophrenia
- Bipolar disorder
- Borderline personality disorder
- Major depression
- Anxiety and mood disorders
- Post traumatic stress disorder
- Pathological gambling
- Sexual and eating disorders
- Conduct disorders
- Attention deficit disorder

Chapter 1: Understanding Substance Abuse - Signs and Symptoms

Physical diseases linked to alcohol abuse include:

- Alcoholic hepatitis induced liver damage
- Alcoholism
- Cancers
- Chronic pancreatitis
- Cirrhosis of the liver or mouth, larynx, and esophagus³⁷

The consequences of co-occurring mental illness and substance abuse are significant. Generally speaking, persons with this combination of disorders have a statistically greater propensity for violence, medication noncompliance, and failure to respond to treatment than individuals with only one disorder, whether that disorder is substance abuse or a mental illness.³⁸ Co-occurring disorders may also lead to a greater chance of relapse in substance abuse treatment.³⁹

It is not enough just to treat one disorder. According to research, if one co-occurring condition is untreated, both conditions usually get worse. There may be additional complications that threaten the individual's physical and emotional health.⁴⁰ A person should receive treatment for both problems for the best chance of full recovery. This applies to treating other health problems.

For this reason, family and friends of someone with a substance abuse problem need to be aware of their loved one's mental and emotional needs as well. If you believe this person may also have a mental illness, be sure to alert a substance abuse professional so that they can have complete treatment. Be sure to alert physicians and other health professionals of other physical complaints that may be related to other conditions. Their recovery process may require ongoing treatment and services to help both issues. Be aware of how inattention to one issue may affect the other.



Demographic Variation: Use and Abuse

Though substance use and abuse is a problem for many populations, there are distinguishing characteristics for different groups.

Men and Women and Substance Use

Substance abuse is a serious problem for both men and women. However, there are distinct differences in the pattern of abuse and how it affects each sex's body.

One significant difference is how men's and women's bodies absorb alcohol. For men, alcohol is partially absorbed through the stomach walls,⁴¹ therefore leaving less alcohol to be absorbed in the intestine. Twenty percent of alcohol consumed is absorbed through the stomach walls for men while "virtually none" is absorbed for women.⁴² In addition, of men and women of the same body weight and who have consumed the same amount of alcohol, women have a higher blood alcohol concentration. On the whole, women's bodies may absorb more alcohol than a man's and she may feel the psychoactive effects faster and more intensely.⁴³ Men also become dependent on drugs slower than women.⁴⁴



Another difference is the extent of the substance use. According to the Robert Wood Johnson Foundation in the study *Substance Abuse: The Nation's Number One Health Problem*, males are four times as likely as females to be heavy drinkers and smokers.⁴⁵ Heavy drinking is defined as consuming five or more drinks per occasion on five or more days in the past month.⁴⁶ Men are also twice as likely to engage in frequent marijuana use.⁴⁷

In addition to use of substances, men and women differ in the effects this use has on their bodies. While substance abuse, especially alcohol, may create sexual and reproductive problems in both men and women, research suggests that women are more vulnerable to alcohol-related organ damage, trauma, and legal and interpersonal difficulties.⁴⁸ For example, women develop alcohol-induced liver disease over a shorter period of time and after consuming less alcohol. Moderate to heavy drinking may increase the risk of breast cancer.

Drinking while pregnant is also harmful for the baby and may result in Fetal Alcohol Syndrome (FAS), a condition that can occur when alcohol crosses the placenta to the fetus, causing a pattern of physical and mental defects in the unborn baby. Fetal Alcohol Effects (FAE) is similar to FAS but without the full set of FAS characteristics. Problems are apparent and significant although not as severe. Children born with fetal alcohol syndrome face lifelong problems with learning, memory, attention, and problem solving.⁴⁹

Families and Substance Use

Many people consider substance abuse to be a family illness because one individual's problems with a substance can affect the entire family. The use of a substance impairs a person's ability to function and perform their many roles and responsibilities, thus affecting their job and their family. Here are a few examples of how substance abuse in one family member may affect the family:

- Increased violence
- Decrease in parenting skills
- Poor interpersonal relationships
- Problems at work
- Family conflicts
- Decreased health and energy



Here are some facts from the Robert Wood Johnson Foundation:

- Among current drinkers, more than half say they have a blood relative who is or was an alcoholic or problem drinker.⁵⁰
- 30 percent of adults report that drinking has been a cause of trouble in their family.
- Nearly 20 percent say that drug abuse has been a source of family problems.
- More than 40 percent of separated or divorced women were married to or lived with a problem drinker or alcoholic.
- More than 75 percent of female, nonfatal victims of domestic violence reported that their assailant had been drinking or using drugs.
- Children from substance-abusing families have a higher risk of developing substance abuse problems and are more likely to have problems with delinquency, poor school performance and emotional difficulties.⁵¹

Children and Substance Use

Children use substances for many of the same reasons that adults do – for the “pleasurable” effects. Drugs and/or alcohol may temporarily satisfy the emotional or social needs for some children and teens, and they are often highly susceptible to peer pressure. Young people from families who have a history of substance use and abuse or who have had (or have) emotional or behavioral difficulties may be more at risk, but problems with substance abuse can happen to any teen or child.

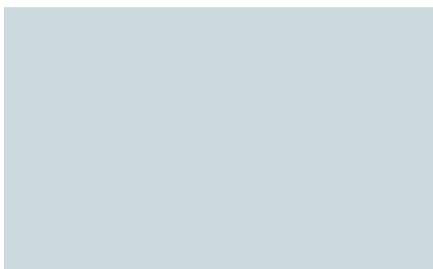
What may start as experimentation with one drug (smoking, marijuana or alcohol) may lead to dependence on others such as cocaine, ecstasy, or methamphetamines.

Binge drinking, (consuming five or more drinks in a row for boys, and four or more for girls) is especially prevalent among this population and has serious and dangerous consequences, alcohol poisoning being the most lethal.

Alcohol poisoning is a severe and potentially fatal reaction to an alcohol overdose. When excessive amounts of alcohol are consumed, the brain is deprived of oxygen, which may lead the brain to shut down the involuntary functions that regulate breathing and heart rate.⁵²

Symptoms of alcohol poisoning may include:

- Vomiting
- Unconsciousness
- Cold, clammy, pale or bluish skin
- Slow or irregular breathing (fewer than eight breaths a minute or 10 or more seconds between breaths)⁵³



Signs of Substance Use in Children

According to the American Academy of Pediatrics, the following may indicate that your child is using substances:

- Smell of alcohol, smoke, or other chemicals on your child's breath or clothing
- Obvious intoxication, dizziness, or bizarre behavior
- Change in dress, appearance, and grooming
- Change in choice of friends
- Frequent arguments, sudden mood changes, and unexplained violent actions
- Change in eating and sleeping patterns
- Skipping school
- Failing grades
- Runaway and delinquent behavior
- Suicide attempts ⁵⁴

Be mindful of these signs and talk with your child about substance use. If you suspect that your child is using alcohol or illicit drugs, talk with your child to find out what is going on. Depending on the severity of the use, you may want to talk with your physician or a mental health professional.

More information about adolescent substance abuse problems can be found in the Adolescents and Substance Abuse section later in this guide.

Substance use is a serious and real problem for children, adolescents, and their families. According to the Centers for Disease Control and Prevention:

- 44.9 percent of ninth through 12th graders reported drinking alcohol on one or more of the past 30 days.
- 28.3 percent of this same group reported binge drinking on one or more of the past 30 days.
- Alcohol use is the leading risk factor in the three leading causes of death among youth: unintentional injuries (including motor vehicle accidents and drownings), suicides, and homicides.
- Alcohol use is related to risky sexual behavior and poor school performance.⁵⁵



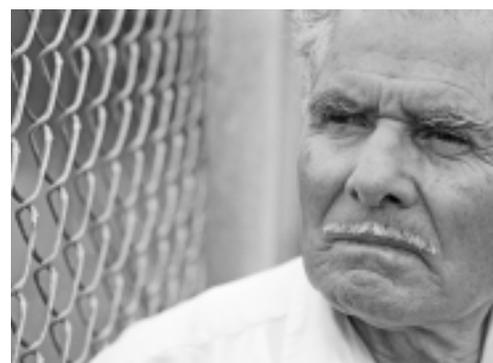
Seniors and Substance Use

Research shows that older adults have more problems with alcohol and prescription medication misuse than the abuse of illicit drugs.⁵⁶ Seniors use prescription drugs three times as frequently as the general population. The frequency for over-the-counter drug use is even higher.⁵⁷ This means that elders have greater access to these drugs, putting them at increased risk for substance abuse. The social and economic challenges for some elders, including financial stress and isolation, may contribute to this increased risk as well.

Substance abuse among the elderly is different from other age groups because of how an older person's body reacts to the drugs. Since metabolism slows with age, an older person cannot rid their body of drugs or alcohol as easily as a younger person might.⁵⁸

There are also some social changes that may increase the likelihood of substance abuse:

- Later life changes like retirement, lowered income, failing health, loneliness, or death of friends and loved ones can set the stage of late-onset alcoholism
- The stigma of alcohol use is greater for elders, particularly women; therefore they are less likely to confide in others that they have a problem.
- Elders are more likely to hide drinking, and more likely to drink daily rather than to binge drink.⁵⁹



Many older adults are already taking prescription drugs for medical conditions. According to the Surgeon General, "substance abuse problems in older adults frequently result from the misuse – that is, underuse, overuse or erratic use – of such medications; such patterns may be due partly to difficulties older individuals have with reading and following prescriptions. In its extreme form, such misuse of drugs may become drug abuse."⁶⁰ Older adults have also been found to have the poorest rates of compliance with following directions for taking their medications.⁶¹

Alcohol is also a concern for older individuals. It is estimated that between one and 1.5 million people ages 65 and older have some problem caused or aggravated by alcohol abuse.⁶² Alcohol interacts with many prescription and over-the-counter medications such as tranquilizers, sleeping pills, pain killers, and antihistamines. Frequent alcohol use may also be related to depression, cognitive impairment, hypertension, poor control of diabetes, osteoporosis, and decline in general level of functioning.⁶³

Here are some signs of possible substance abuse or misuse in seniors from the U.S. Department of Health and Human Services:

- Excessively worrying about whether prescription psychoactive drugs are "really working" to alleviate numerous physical complaints; complaints that the drug prescribed has lost its effectiveness over time (evidence of tolerance).
- Displaying detailed knowledge about a specific psychoactive drug and attaching great significance to its efficacy and personal impact.

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Chapter 1: Understanding Substance Abuse - Signs and Symptoms

- Worrying about having enough pills or whether it is time to take them to the extent that other activities revolve around the dosage schedule.
- Continuing to use and to request refills when the physical or psychological condition for which the drug was originally prescribed has or should have improved (e.g., prescription of sleeping pills after the death of a loved one); resisting cessation or decreasing doses of a prescribed psychoactive drug.
- Complaining about doctors who refuse to write prescriptions for preferred drugs, who taper dosages, or who don't take symptoms seriously.
- Self-medicating by increasing doses of prescribed psychoactive drugs that aren't "helping anymore" or supplementing prescribed drugs with over-the-counter medications of a similar type.
- Rating social events by the amount of alcohol dispensed.
- Eating only at restaurants that serve alcoholic beverages (and wanting to know whether they do so in advance).
- Withdrawing from family, friends, and neighbors.
- Withdrawing from normal and life-long social practices.
- Cigarette smoking.
- Involvement in minor traffic accidents (police do not typically suspect older adults of alcohol abuse and may not subject them to Breathalyzer and other tests for sobriety).
- Sleeping during the day.
- Bruises, burns, fractures, or other trauma, particularly if the individual does not remember how and when they were acquired.
- Drinking before going to a social event to "get started"; gulping drinks, guarding the supply of alcoholic beverages, or insisting on mixing own drinks.
- Changes in personal grooming and hygiene.
- Expulsion from housing.
- Empty liquor, wine, or beer bottles or cans in the garbage or concealed under the bed, in the closet, or in other locations.⁶⁴

For concerned loved ones, it is important to remember that some older problem drinkers do respond well to intervention.⁶⁵ There are different ways to reach out to elders about their problems, either through friends and family but also their care providers including nurses, caseworkers, and physicians.

For example, many families have found that one good way to address concerns is to contact the senior's physician prior to a regularly scheduled visit. A family member might express concerns so that the physician can address the issue directly with the senior. In this way, the senior is less likely to feel offended and may be more willing to consider making changes since the information is coming from a trusted professional. Often seniors feel that their adult children's opinions are subjective. They may be more receptive to hearing the same information from a professional.

Chapter 2: Substance Abuse Treatment

Treatment of substance abuse is very individualized, and there are different programs that address the varying needs. It is important for loved ones to remember that they are not responsible, nor can they control another person's addiction. They may be able to encourage treatment, but ultimately it is the individual's choice to use.

The Stages of Change

Psychologists James Prochaska, John Norcross, and Carlo DiClemente in their book *Changing for Good* identified six stages of change. Depending on what stage your loved one is currently in (how they are thinking about this change), different ways of support or types of outreach are most helpful.

An individual's readiness to change influences their success. Meet the individual where they are and work to understand their readiness of change so that you can align your plan of outreach and support accordingly.

1. Pre-Contemplation

The first stage occurs before the person has even considered changing. They do not want to change their behavior. Other individuals may be able to see that there is a problem, but the person is ignorant of the problem and lacks information and resources about the needed change.⁶⁶ For example when confronted with the use of alcohol, the person says, "I don't have a drinking problem."

Matt has always enjoyed the occasional beer with friends Friday night to relax. As he has changed jobs though, he has started drinking heavily throughout the week, even when he's by himself. His wife Anne is concerned, but he doesn't understand what the big fuss is about.

2. Contemplation

In this second stage, the person acknowledges that there is a problem and begins to seriously consider how to address and solve it. The person struggles to understand the problem, begins to recognize its impact, and then considers possible solutions. It is common to get stuck in this stage and continue to consider the options until you are ready to proceed.⁶⁷ Often the person has thought about the change but is apprehensive about trying and failing. For example, the individual may be starting to acknowledge concerns about drug or alcohol use but then also indicates that it is not serious enough to need treatment.

Matt had been arriving consistently late to work with a hangover. His supervisor pulled him aside and told him that he was aware of Matt's tardiness and that Matt needed to address this problem. Matt really liked his job and his family depended on him, so he was determined to make some changes. He thought he could cut out the drinking altogether, but he discovered that night that it was harder than he thought. It was only then that he realized that he may have a problem with alcohol.



3. Preparation

The person begins planning to take action within a short, determined period of time, such as within the next month. They are making adjustments so that they will be able to take action when the time comes. Many people make a public announcement that gives them the strength to follow through.⁶⁸ They have located the treatment and support services in their area and know what they need to do to start the process. For example, the individual visits a treatment program and has located what is needed to start the process.

It took a lot of courage, but Matt spoke with his supervisor about his problem. He wasn't sure where he could go to get help but his supervisor recommended that he call their Employee Assistance Program (EAP). They were able to connect him with a therapist who specialized in substance abuse problems.

4. Action

In this fourth stage, a person takes steps to make a change. It is the busiest stage of the change process and requires the greatest commitment of time and energy. A person begins to make changes in this stage, but this does not signify the complete change of the behavior or resulting problem.⁶⁹ For example, the individual may be attending support meetings, receiving treatment, changing peer groups, learning how to manage emotions, or setting goals for the future.

Matt visited with the therapist and received an assessment. With the help of his therapist and his family, he decided that he needed to participate in an outpatient treatment program. He began the program the next day.

5. Maintenance

The person works to consolidate what has been learned and take stock of gains and losses from previous challenges. The individual also takes steps to improve successful past actions. This is a time in which relapse typically occurs. Relapse, however, is not seen as a failure. It is an opportunity to learn more about the challenges faced. Maintenance may last a few months or endure for a person's lifetime.⁷⁰ For example, the individual no longer practices old thinking patterns and behaviors.

Matt completed his program and was sober for a few months. He noticed that his relationship was better with his wife and he was doing better at work. It seemed like everything was under control, so he thought he could go out for one drink for a friend's birthday. One drink turned into many. He woke up the next morning angry and disappointed, but his wife encouraged him to talk with his therapist which made him feel a little better. That afternoon he went to a support group for substance abusers at the treatment center.

Due to the nature of a substance abuse problem, relapse is common. It is important to recognize that this is not a failure but a setback. It does *not* mean that the person will never be able to successfully handle the problem.

6. Termination

This stage may not always apply to every individual making changes. The problem is no longer an issue or a threat in a person's life.⁷¹ Many individuals with substance abuse problems explain that they never really get over their strong desire to use substances; however, the desire to drink or use may lessen and a change of habits and schedules may also be helpful.

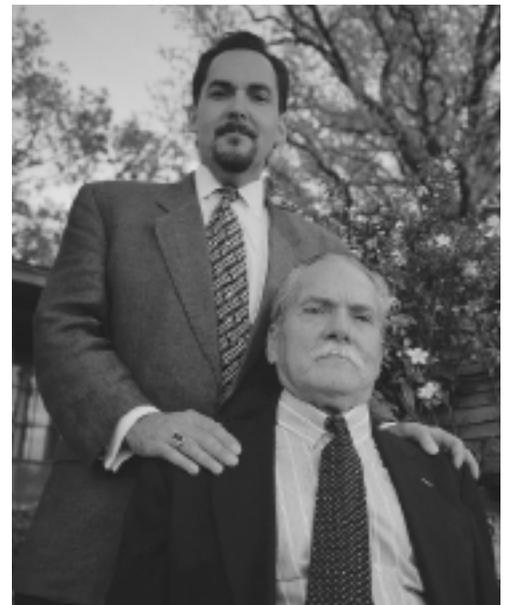
Matt now knows how strong his addiction is to alcohol, so he has changed his lifestyle so that the temptation to drink is not as great. To unwind after work he takes a walk or goes for a jog. To celebrate special occasions, he and his friends go out to eat and skip drinks.

Interventions

Many individuals who abuse substances deny that they have a problem, but sometimes through *interventions* their family and friends can help them recognize the impact their use is having on them and others. Considering the stages of change discussed previously, an intervention may take place during the *pre-contemplation* or *contemplation* stage as a catalyst to changing the substance abusing behavior.

In an intervention, a team of individuals gather to confront the person with the problem. The goal is to present the reality of their abuse to the person in a receivable way.⁷² This means presenting facts about the person's behavior and the consequences of the substance use. These facts should be given in an unequivocal, nonjudgemental, and caring manner.⁷³ This is not an attack on the person, but it is an attempt to break down the walls of denial that may be keeping this person from treatment.⁷⁴

This team usually includes three or four people of family, friends, and sometimes co-workers. This diversity helps the individual see that the problem is pervasive in many areas, the team can support each other, and more evidence and facts can be given to help the individual recognize the problem. It also may help to have a substance-abuse professional on the team too.



In his book *Intervention*, Vernon Johnson lists the five principles of intervention:

1. Meaningful persons in the life of the chemically dependent person are involved.
2. All of the meaningful persons write down specific facts about the events and behaviors involving the dependent person's chemical use which legitimize their concern.
3. All of the meaningful persons tell the dependent person how they feel about what has been happening in his or her life, and they do it in a nonjudgemental way.
4. The victim is offered specific choices – *this* treatment center or *that* hospital.
5. When the victim agrees to accept help, it is made available immediately.⁷⁵

To learn more about interventions and whether this may be helpful for someone you love, contact a substance abuse professional.

Withdrawal: When is Medical Detox Needed?

The first step in substance abuse treatment is to get rid of substance from the body. This is necessary because the individual's body chemistry has become unbalanced by using the drugs. A person needs to be abstinent in order to normalize the neurochemical balance.⁷⁶ Detox also helps the individual participate fully in recovery.⁷⁷

Medical detoxification is often necessary when an individual may be in physiological danger from withdrawal. Withdrawal describes the body's attempt to rebalance itself once prolonged use of a psychoactive drug is stopped. This rebalance is necessary because the body has built a tolerance and dependence on the substance. The symptoms of withdrawal may include:

- Seizures
- Vomiting
- Sweating
- Diarrhea
- Goosebumps
- Tremors

Detox may occur in either outpatient or inpatient treatment programs, depending on the individual's needs. Some circumstances require hospital or inpatient programs - for example, severe dependencies on alcohol or sedatives, major medical or psychiatric complications, and pregnancy.

Treatment Programs

Many different types of treatment programs exist to help individuals with substance abuse problems and their families.

There are several goals applied in many different treatment programs:

- **Maximizing motivation for abstinence.**
- **Rebuilding a drug-free lifestyle.** The individual discovers ways of dealing with free time, developing relationships with drug-free friends, living with day-to-day challenges, learning skills to cope with crises, and reestablishing relationships with family members.
- **Maximizing physical and mental health.** It is not always possible to achieve abstinence if chronic medical problems are not addressed.⁷⁸



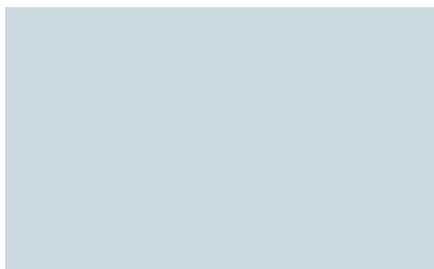
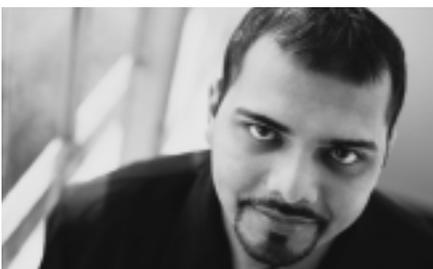
What kind of treatment individuals receive depends on their needs. Substance abuse professionals assess all of the following factors:

- Intoxication/withdrawal potential
- Biomedical conditions
- Emotional/behavioral concerns
- Treatment acceptance/resistance, measuring the patient's willingness to undergo treatment
- Relapse/continued use potential
- Recovery environment, including support system, gainful employment, etc.

There are two different treatment types, inpatient and outpatient, and within those there are different approaches varying in acuity. The American Society of Addiction Medicine organizes the programs into levels of care according to the treatment setting of the level of care that the individual requires.⁷⁹ The goal is to place individuals in the least-intensive level of care that is necessary without sacrificing safety or security.⁸⁰

All levels of care may employ one or several of the different methods of treatment:

- **Individual Therapy** – Individual meets one-on-one with therapist to discuss treatment goals and potential barriers to treatment. Individual therapy may employ behavioral therapy to help the client change behaviors, cognitive therapy to help the individual correct faulty thinking patterns or belief systems, or use other therapy approaches.
- **Network Therapy** – Specific family members and friends are available to provide ongoing support to the individual in treatment. Network members are not receiving treatment but do promote attitude and behavioral changes for loved ones.⁸¹
- **Detoxification** – As discussed previously, this is the process in which the individuals are physiologically withdrawn from substances. This may be in either an inpatient or outpatient setting. This part of treatment does not address the psychological, social or behavioral problems associated with addiction.⁸²
- **Group Therapy** – This is a popular approach to overcoming addiction. Different group therapies do exist, but they all work off the strength of the therapeutic and connection with others.⁸³
- **Relapse Prevention** – In this method of treatment, individuals learn different strategies to enhance self-control, such as exploring the positive and negative consequences of continued use, self-monitoring to recognize drug cravings and identify risky situations, and developing strategies for coping with and avoiding high-risk situations.⁸⁴
- **Education** – This component focuses on training individuals for life beyond drug abuse, for example getting a high-school diploma or GED or taking other educational courses. According to the U.S. Department of Labor, “research has shown a positive correlation between education and a drug-free lifestyle after treatment.”⁸⁵
- **Life Skills** – Learning basic life skills may also be necessary during or after treatment. Individuals may learn lessons about personal hygiene, opening a bank account, going shopping for food, and even keeping a clean house.⁸⁶
- **Workforce Development** – Some individuals in treatment programs are beginning a new life for themselves and need skills to obtain employment. Some treatment programs include employment skills in addition to other services.⁸⁷



Outpatient vs. Inpatient Treatment Programs

There are distinct differences between inpatient and outpatient programs. In outpatient programs, the individuals do not live at the treatment center. They may live at home or in other special residences. Inpatient treatment programs require the individual to live at the treatment center which is often a hospital or a clinic setting with medical supervising staff.

Outpatient Treatment Programs:

Outpatient treatment programs are less expensive and are best suited for individuals who are employed or who have sufficient social supports. Some outpatient treatment programs are comparable in intensity to some inpatient programs.⁸⁸ The following levels are defined by the American Society of Addiction Medicine.

Level I: Outpatient Treatment

This treatment may be either a nonresidential treatment service or an office practice with addiction professional and clinicians specializing in substance abuse treatment. Treatment occurs regularly over a period of weeks although scheduled sessions do not usually exceed nine hours a week. This treatment option is the least intensive and structured. For example, the person may participate in weekly or twice weekly individual therapy, group therapy, self-help groups, or a combination.⁸⁹

Level II: Intensive Outpatient Treatment

Higher in intensity than Level I, the individual is still able to live at home or outside of the treatment setting. The treatment programs are usually provided by a substance abuse treatment facility or agency, not a therapist in private practice. There are a minimum of nine scheduled sessions a week. An individual participates in several treatment components. For example, an individual may participate in a day or evening program while attending a full spectrum of treatment programming including individual and group therapy, self-help groups, and/or a 12-step program. This treatment level may also include partial hospitalization.⁹⁰



Inpatient Treatment Programs

Inpatient treatment programs have different advantages for individuals who may require stricter services.

- Hospital settings offer a high level of medical supervision for individuals who require intensive physical and/or psychiatric monitoring.
- The intensity of inpatient treatment may be helpful to a patient who does not respond to lesser measures.
- Inpatient treatment may benefit some individuals by increasing their awareness of internal triggers that place them at risk to return to drug abuse.
- Inpatient treatment can help to interrupt a cycle of drug use even in the absence of dangerous withdrawal symptoms.⁹¹

Level III: Medically Monitored Intensive Inpatient Treatment

In addition to the services such as individual and group therapy and self-help groups, this treatment plan includes a planned regimen of 24-hour professionally directed evaluation, observation, care, treatment, and monitoring while the individual is living at the facility or a facility connected to the program. The staff consists of multidisciplinary professionals who are under the direction of a physician.⁹²

Level IV: Medically Managed Intensive Inpatient Treatment

This level of treatment is provided in an acute care setting. Individuals requiring this treatment option are usually at risk for severe withdrawal or medical, emotional or behavioral problems that may require medical supervision and service. Like Level III care, this treatment provides around-the-clock supervision and evaluation in addition to individual and group therapy.⁹³

For individuals who have a relatively long history of dependence, Therapeutic Treatment Communities (TTC) or residential treatment communities may be a more effective treatment than those previously listed. TTC's are a special kind of inpatient treatment program for individuals who have a relatively long history of drug dependence, involvement in serious criminal activities, or seriously impaired social functioning. Individuals usually stay in the residence for 6 to 12 months. The main goal of these facilities is "global change in lifestyle: abstinence, elimination of antisocial behavior, and the development of employability and pro-social attitudes and values."⁹⁴



Is Treatment Effective?

Substance abuse treatment is effective in many circumstances. Recovery may be more likely when an individual's needs are matched by the treatment program.⁹⁵ Participating or completing a treatment program does not guarantee recovery. Though treatment is very helpful and often effective, individuals must choose to change their lives and stop using before they can recover.

Though there are a variety of different treatment options, studies show that participation in any of these treatment programs can be effective. A study by the National Institute on Alcohol Abuse and Alcoholism studied three treatment approaches, 12-step facilitation therapy, cognitive-behavioral therapy, and motivational enhancement therapy and compared their results. The study showed that there were few significant outcome differences among them.⁹⁶

12 Questions to Consider When Selecting a Treatment Program

1. Does the program accept your insurance? If not, will it work with you on a payment plan or find other means of financial assistance for you?
2. Is the program run by state-accredited, licensed and/or trained professionals?
3. Is the facility clean, organized and well-run?
4. Does the program encompass the full range of needs of the individual? Consider medical (infectious diseases), psychological (co-occurring mental illness), social, vocational, legal, etc.
5. Does the treatment program also address sexual orientation and physical disabilities as well as provide age, gender and culturally appropriate treatment services?
6. Is long-term aftercare support and/or guidance encouraged, provided and maintained?
7. Is there ongoing assessment of an individual's treatment plan to ensure it meets changing needs?
8. Does the program employ strategies to engage and keep individuals in longer-term treatment, increasing the likelihood of success?
9. Does the program offer counseling (individual or group) and other behavioral therapies to enhance the individual's ability to function in the family/community?
10. Does the program offer medication as part of the treatment regimen, if appropriate?
11. Is there ongoing monitoring of possible relapse to help guide patients back to abstinence?
12. Are services or referrals offered to family members to ensure they understand addiction and the recovery process to help them support the recovering individual?⁹⁷

Community Support

Formal, inpatient or outpatient treatment programs are only one way to get help for substance abuse. Many communities have support groups and self-help groups to help individuals break their addiction and provide support throughout recovery. Alcoholics Anonymous (AA), which started in 1935, is the oldest and most common of these groups and is based on the 12 steps of recovery.

There are AA chapters throughout the country. Unlike outpatient or inpatient treatment programs there is no substance abuse professional to facilitate discussion or action. Group members rely on each other's experiences for knowledge and support. All AA meetings are free although donations may be made.⁹⁸

The AA 12-step process is designed to help all problem drinkers break the isolation, guilt and pain common among many individuals with substance abuse and provide a sense of supportive community. According to AA 12-step philosophy:

- Addiction is a lifelong disease that must be dealt with for the remainder of the person's life.
- Life-long abstinence is the goal achieved through sobriety, one day at a time.
- Problems can be solved through spiritual change. Though AA philosophy is strongly tied to spiritual beliefs (often Christian), it is not required for those who may be uncomfortable with it.
- Meetings are confidential. Members do not disclose whom they see or what they have heard at the meetings.⁹⁹

The philosophy of Alcoholics Anonymous has been applied to form the structure of other self-help groups to aid individuals with addiction:

- Narcotics Anonymous
- Gamblers Anonymous
- Marijuana Anonymous
- Overeaters Anonymous



The Twelve Steps of Alcoholics Anonymous:

1. We admitted we were powerless over alcohol – that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all of these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.¹⁰⁰



To learn more about AA visit the Web site www.aa.org or call 1-212-870-3400. To locate a meeting in your area, check your white pages or the Internet.

The 12-step approach is not effective for all individuals. There are other support group alternatives, most of which are available at no cost:

- **Women for Sobriety (WFS)** – This nonprofit organization is dedicated to helping women overcome their addictions. <http://www.womenforsobriety.org>
- **Men for Sobriety (MFS)** – Similar to WFS, this group is dedicated to helping men overcome their addictions.
- **SOS (Save Our Selves or Secular Organizations for Sobriety)** – A self-empowerment approach to recovery credits the individual for maintaining their sobriety. <http://www.secularsobriety.org>

Chapter 2: Substance Abuse Treatment

- **Rational Recovery** – Program is based on the idea that if you learn to like yourself, you will not need to use substances. <http://www.rational.org>¹⁰¹
- **Smart Recovery** – Nonprofit organization teaches increasing self-reliance, not powerlessness. Its foundation is scientific, not spiritual. <http://www.smartrecovery.org>¹⁰²
- **Moderation Management** – This program is designed for problem drinkers, not necessarily alcoholics. It is based on the idea that problem drinking (as opposed to dependence) is a learned behavior. It uses nine steps to modify drinking and balance the other areas of life.¹⁰³

Support for Loved Ones

Substance abuse and addiction are often accepted to be a “family disease” because the problems that are created by substance use are not limited to the person using the drugs. Consider the impact of substance abuse on the following families:

Amy is recently divorced and has joint custody of her two young children. During the divorce, she began drinking and still does when the kids aren't around. Lately her drinking has gotten worse, and she was too drunk to pick up her kids at school for their weekend stay.

Manuel is 15 years old and first experimented with marijuana a few months ago with some of his friends. He also smokes cigarettes and drinks alcohol. Some of his friends are trying to buy some meth for the party next weekend. He's been skipping classes at school, and his parents are very worried.

Chris doesn't think he has a drinking problem because he only drinks on the weekends. After a long hard week at work, he believes he deserves a chance to party and drink as much as he wants. Last night he had a lot of shots and became violently ill. His girlfriend took care of him that night and was scared that he had alcohol poisoning from binge drinking.

Al-Anon and other groups like it were developed to help individuals cope with their loved one's substance abuse and problems related to this abuse. Unlike group therapy, which may be designed to assist the person with abuse, these groups help individuals make a better life for themselves regardless of their loved ones' behaviors. There are also groups for teens such as Alateen.

Al-Anon groups are typically a gathering of relatives and friends of alcoholics who share their experiences in an effort to help each other overcome common problems. It is also based on the 12-step philosophy so that the identity of group members is protected and there is confidentiality. To get the most benefit from these support groups, Al-Anon recommends that members attend meetings regularly, contact other members, read Al-Anon or Alateen literature, have a personal sponsor, apply the 12-steps to their lives, and become involved in Al-Anon service work.¹⁰⁴

Chapter 3: Recovery

Once a person has completed a substance abuse treatment program, it is unrealistic to assume that they no longer have a problem with substances or they will never want or crave the substance. Recovery begins after an individual has completed any kind of substance abuse treatment program, whether that is inpatient, outpatient, or a 12-step support group. Unlike treatment, which may sometimes be required by employers, the courts, or family, recovery is a voluntary process. No one can force another person in recovery. Consider the recent study on alcohol dependence which concluded that “more than one third, 35.9 percent, of U.S. adults with alcohol dependence that began more than one year ago are now in full recovery.”¹⁰⁵

Spiritual recovery is an important component in many 12-step and other treatment programs. Spirituality does not refer to a specific religion or practice but is more rooted in the individual’s experience of a higher power. According to the National Institute for Drug Abuse, for the purposes of substance abuse treatment spirituality is meant as the “general sense of one’s having values and altruistic goals in life, rather than in any specific sense.”¹⁰⁶

Individuals are often encouraged to relate and connect to a higher power that is “transcendent and greater than they are,” a term that is defined by the individual and not the therapist or treatment program.¹⁰⁷ This connection is a way for individuals to reach beyond themselves to find fulfillment and happiness. A connection to something greater is often experienced in charity work, participating in 12-step meetings, and/or getting involved with other volunteer opportunities in their community.

One component of recovery is avoiding all addictive behaviors, not just the ones related to drug use and abuse. Some unknowingly can transfer their addictive behavior from illicit drugs to legal substances such as cigarettes or alcohol. Or, they may develop a compulsive behavior about their job or other activities such as gambling. While the addiction to the initial drug may no longer be a problem, the addictive behavior is still present. When this is the case, the person is not successfully working towards true sobriety.¹⁰⁸

To address these potential behaviors, individuals in recovery are advised to make recovery their first priority so that the structure of their day is centered on recovery-oriented activities such as group meetings or visits with their therapist.¹⁰⁹ Making time for relaxation, exercise, and rest is also important.



Similar to the stages of change mentioned earlier, there are six stages of recovery:

- **Transition** – This is the time in which the individual realizes that safe use of substances is not possible. Individual may begin realizing this through treatment.
- **Stabilization** – This is the period in which the addict experiences physical withdrawal and other medical problems. Persons learn how to separate from the people, places, and things that promote drug abuse.
- **Early recovery** – An individual recognizes it is necessary to establish a chemical-free lifestyle and builds relationships that support long-term recovery.
- **Middle recovery** – This is the time in which the individual develops a balanced lifestyle and works to repair damage.
- **Late recovery** – An individual identifies and changes mistaken beliefs about oneself, others, and the world that causes or promotes irrational thinking.
- **Maintenance** – This is the life-long process of continued growth, development and management of routine life problems.¹¹⁰

How to Help an Individual During Recovery

If you know of your loved one's treatment goals, keep these in mind. They may help you better understand the challenges they are facing. Here are some treatment goals that many individuals struggle with:

- **Managing negative or uncomfortable feelings without the substance.** Finding healthier ways to cope with painful feelings or stress is important. Encourage loved ones to talk with their counselor, talk to you, or find other outlets to express their feelings.¹¹¹
- **Controlling triggers.** People, places or things are all examples of potential external triggers that may initiate the urge for the drug. For many individuals in recovery, it is necessary to avoid these triggers. For those triggers that are more difficult to avoid, such as a spouse who uses, individuals need to develop strategies with their substance abuse counselors to help them confront these challenges. You can help by suggesting activities that do not include these potential triggers and support your loved one in any effort to make a change.¹¹²
- **Structuring time.** Having too much free, unstructured time can be a problem for some individuals in recovery, leading to boredom and possibly relapse.¹¹³ After completing a structured treatment, there may be a sense of loss or a void that was once filled by the drug use and the behaviors associated with it. Those in recovery are encouraged to find a balanced schedule of free time and activities that also include support group meetings. Particular attention needs to be paid to times when drug use was prevalent, such as in the evening after work for some or directly after school for others.¹¹⁴ To support a loved one in this process, you can be attentive to their scheduling needs and help them find activities.

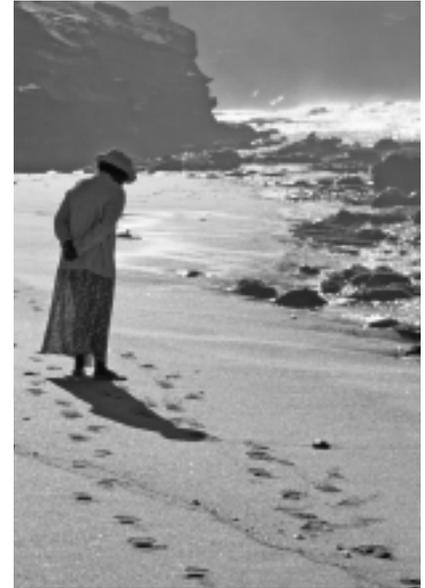
Chapter 4: Relapse

Substance abuse problems are much like chronic medical conditions in that there are many ups and downs in the management of sobriety. Relapse can occur at any time during recovery. Substance abuse professionals Terence Gorski and Mereline Miller explain, “The relapse process does not only involve the act of taking a drink or using drugs. It is a progression that creates the overwhelming need for alcohol or drugs.”¹¹⁵

Relapse is common. For example, “approximately 90 percent of alcoholics are likely to experience at least one relapse over the four year period following treatment.”¹¹⁶ It is important to remember that relapse is not a failure, and with a return to treatment and adherence to treatment plans an individual can regain sobriety.

Sometimes it is possible to prevent relapse with education about the changes that typically precede relapse. These are often negative changes in attitude, feelings, and behaviors. To counteract these, the National Institute for Drug Abuse suggests:

- Going to more recovery or 12-step meetings
- Maintaining structure in their lives
- Spending time with those who support recovery
- Avoiding external triggers¹¹⁷



Substance abuse professionals Gorski and Miller identified 11 steps that may lead an individual towards relapse. Understanding the steps in this process may help you support your loved one and work together to prevent relapse.

1. **Change** – This may be an internal change in attitude regarding treatment or an external change that affects a schedule or creates stress.¹¹⁸
2. **Stress** – As a result of the change, the individual experiences stress and overreacts. The individual may have a low tolerance for stress and need assistance coping with stress without the substance.¹¹⁹
3. **Denial** – The individual refuses to admit the stress or challenge of life events. This denial is very similar to the denial this person may have displayed during the addiction to substances.¹²⁰
4. **Reoccurrence of post-acute withdrawal symptoms (PAWS)** – These are a “group of symptoms of addictive disease that occur as a result of abstinence from addictive chemicals”¹²¹ that generally appear after abstinence, but their reoccurrence may be a step towards relapse.¹²² Symptoms may include: inability to think clearly, memory problems, emotional overreactions or numbness, sleep disturbances, physical coordination problems, and stress sensitivity.¹²³
5. **Behavior change** – The individual acts differently after a period of stress.¹²⁴
6. **Social breakdown** – The change in behavior results in changes in how the individual acts with others.¹²⁵ For example, the individual may become reclusive and not meet with sober friends.

7. **Loss of structure** – Daily routine and overall schedule breaks down. The individual may neglect recovery plans and abandon regular habits that once provided consistency and dependability.¹²⁶
8. **Loss of judgment** – The individual has difficulty making decisions or makes poor decisions. Sometimes this may create a total crisis.¹²⁷
9. **Loss of control** – The individual makes irrational choices and is unable to stop. This person may feel that they are going crazy.¹²⁸
10. **Loss of options** – At this step, the individual feels incredibly stressed and believes that the only choices are to resume drug use or undergo extreme emotional or physical collapse.¹²⁹
11. **Acute degeneration** – The individual may return to using substances or an equally destructive alternative, such as a severe mental health problem or emotional collapse.¹³⁰

Gorski and Miller recommend prevention planning to prevent or interrupt a relapse. They provide the following steps:

1. **Stabilize:** Get control of yourself
2. **Self-Assessment:** Find out what is going on in your head, heart, and life.
3. **Relapse Education:** Learn about relapse and what to do to prevent it.
4. **Warning Sign Identification:** Make a list of your personal relapse warning signs.
5. **Warning Sign Management:** Learn how to interrupt warning signs before you lose control.
6. **Inventory Training:** Learn how to become consciously aware of warning signs as they develop.
7. **Review the Recovery Program:** Make sure your recovery program is able to help you manage your warning signs.
8. **Involvement of Significant Others:** Teach others how to work with you to avoid relapse.
9. **Follow-Up:** Update your relapse prevention plan regularly.¹³¹

As a loved one, you can encourage the individual in recovery to follow these steps. Understanding the steps in relapse can also alert you to future challenges if the recovering user does not recognize them. It will also help to know what their unique warning signs may be and how to voice your concerns.

For more specific information about avoiding relapse, refer to Terence T. Gorski and Merline Miller's book *Staying Sober* or talk with your substance abuse professional about what you can do to help.

Chapter 5: The Importance of Support for Family and Friends

As a loved one concerned about a friend or family member's substance abuse problem, you can play an important role in their treatment and recovery, but when your concern overrides your care for yourself, you are putting yourself into an unhealthy situation.

Addiction is a family disease and has the power to influence not only the person with the problem but also their family and close friends. In many cases a pattern of behavior develops in relation to a loved one's problem with abuse or addiction. Mental health professionals have used different terms to describe these behaviors, particularly "codependency" and "coaddiction." The terminology aside, the message is largely the same: loved ones need to take care of themselves.

Gorski and Miller describe it in this way:

"When persons in a committed relationship with an addicted person attempt to control drinking, drug use or addictive behavior (over which they are powerless), they lose control over their own behavior (over which they do have power) and their lives become unmanageable."¹³²

They further explain that the physical, psychological, and social symptoms that result from this fight for control become habitual and may ultimately reinforce or trigger each other. Thus, coaddiction becomes its own condition, independent of the first person's addiction problem. Problems regarding coaddiction may continue even after the addicted person receives help.¹³³

There are three stages of progression in coaddiction:

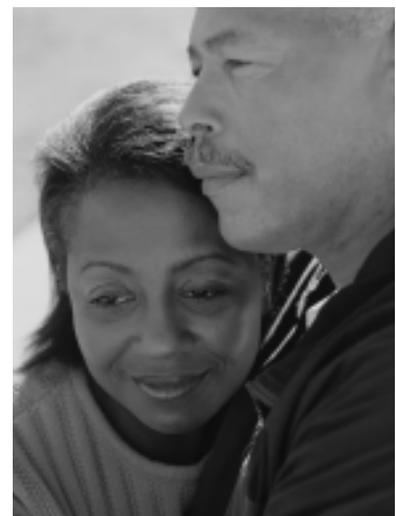
1. **Early Stage: Normal Problem Solving and Attempt to Adjust** – It is normal to attempt to fix the pain or problem in any family, especially when it is derived from substance use. When the problem is addiction, however, the attempts do not help or address the real problem. Any attempt to assuage the pain actually covers up the difficult learning experiences the person with the problem needs in order to recognize the problem. Within this stage, the behaviors are just a normal response to an abnormal situation.¹³⁴
2. **Middle Stage: Habitual Self-Defeating Responses** – When the problem in the family is addiction, it is not possible to fix the problem without treatment, so any efforts by the loved one are futile. In this stage, the loved ones try harder doing the same things only more frequently and with greater intensity. Despite this effort, however, the situation rarely improves, and the person with coaddiction often begins to feel frustration, anxiety, and guilt.
3. **Chronic Stage: Family Collapse and Stress Degeneration** – The guilt and despair that appeared in the middle stage continue in the chronic stage and bring about confusion, chaos and the inability to interrupt dysfunctional behavior - even when individuals can recognize it. Chronic stress often results, and the individual with coaddiction suffers from stress-related physical illnesses such as migraine headaches, ulcers, hypertension, or other mental health problems.

Recovery and Coaddiction

To overcome coaddiction, Gorski and Miller recommend that individuals learn to accept and detach from the symptoms of addiction that their loved ones display.¹³⁵ More importantly, the person learns to focus on their personal needs and growth.¹³⁶

Many substance abuse professionals have studied the relationships of individuals struggling with coaddiction and have identified at least five stages. Melody Beattie describes them in her book *Beyond Codependency*.¹³⁷

1. **Survival/Denial** – Like the pre-contemplation stage of the stages of change, the individual does not see the need to change or recognize the value of changing. In an effort to survive through painful emotions, the person denies that there is anything wrong.¹³⁸
2. **Reidentification** – The individual begins to see fault in their actions. They recognize their behavior is self-defeating and unhealthy because they cannot control the person with the problem or their addiction. From the Al-Anon perspective, it is in this stage that the individual gradually surrenders the desire to control. There is often a recognition of a higher power that has control. It can be painful because the feelings that were once hidden now appear. The individual also experiments with concepts of detachment and accepting life and its imperfections for what it is.¹³⁹
3. **Core Issues** – A basic understanding of self and individual behaviors is attained in this stage. The individual sets goals and experiments with new actions and behaviors. A therapist or self-help/support group often aids this understanding, goal-setting and acceptance.¹⁴⁰
4. **Reintegration** – While individuals with coaddiction accept their powerlessness over addiction, they also learn more about their personal strength and power as well. They are “empowered to do the possible,” which is living their lives for themselves and no one else.¹⁴¹ Beattie explains that in this stage, individuals have learned how to apply and explore the four recovery power concepts:
 - i. Accepting powerlessness
 - ii. Finding a higher power
 - iii. Owning personal power
 - iv. Learning to share the power by participating in relationships
5. **Genesis** – The last of these steps is the beginning of a new life without the weight of coaddiction. For many, this is a new life in which they are living for themselves and do not burden themselves by trying to control others.



According to Beattie, recovery is a “process of gradual awareness, acceptance, and change. It’s a healing process.”¹⁴² For this process to begin, the individual needs to make the choice and take action:

- Attend 12-step meetings or other appropriate support groups.
- Apply the steps and other recovery concepts to life.
- Work with a therapist if appropriate.
- Attend seminars and workshops.
- Maintain an attitude of honesty, openness, and willingness to try.
- Struggle through frustration, awkwardness, and discomfort of change.
- Connect with other recovering individuals.
- Read meditation books and other helpful literature.¹⁴³

Relapse for the Loved Ones Problem Users

Just like individuals with substance abuse, those with coaddiction are also at risk of relapse to this unhealthy behavior.

Beattie adapted Gorski and Miller’s steps toward relapse for individuals recovering from coaddiction.

1. **Emotions shut down.** The individual returns to the mindset that feelings are “unnecessary, inappropriate, unjustified, and unimportant.”
2. **Compulsive behaviors return.** The individual begins behaviors such as caretaking, eating, controlling, working, staying busy, spending money, etc. to avoid feeling.
3. **Victim self-image returns.** The individual starts to think, talk, and act like a victim by blaming others and scapegoating.
4. **Self-worth drops.** The individual becomes overly critical and seems to be stuck in self-hatred or shame.
5. **Self-neglect starts.** The individual neglects important steps in self-care such as following their schedule or getting enough rest.
6. **The “crazies” return.** The past feelings of anxiety, fear, isolation, and others reappear.
7. **The behaviors return.** Ineffective coping mechanisms developed previously return.
8. **Trapped.** The individual feels that there are no other choices.
9. **“Not that again.”** Previous dangerous symptoms of coaddiction appear again including chronic physical illness, substance abuse, chronic depression, or possible fantasies about suicide.¹⁴⁴

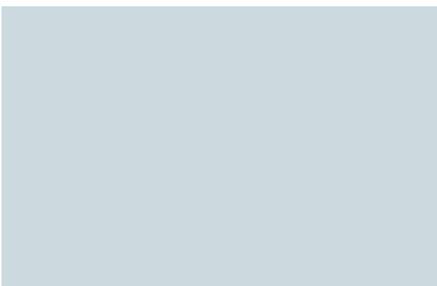
Chapter 5: The Importance of Support for Family and Friends

Beattie explains that when a person recognizes that they are moving towards relapse, the next step is to acknowledge the slip and return to a recovery program in a way that best suits them. It is also very important that the individual forgives themselves for this slip. Without this self-forgiveness, recovery may be more difficult than necessary.

What You Can Do

There are ways that you can help your loved one that do not involve unhealthy, co-dependent behaviors.

- **Set limits on your relationship.** Though initially it may be difficult, it may show your loved one the impact the substance use has on your life and theirs. For example, Bob refuses to hang out with his brother Jed when he is drinking.
- **Look at ways you may have enabled the addiction.** Different things you did in the past may have allowed the abuse to continue or distorts the extent of the abuse. Examples may include making excuses, taking responsibility, blaming others or blaming yourself. Focus on responding to your own needs and not your loved one's.
- **Don't help them in any way that might promote or continue the abuse.** This includes lending money that might go towards drugs.
- **Voice your concerns the day after a binge or high.** When the drug-related incident is recent, talk specifically about how this is hurting you and them. Use specific examples and describe your feelings, "I'm worried." They cannot argue with your feelings. Do not call your loved one an alcoholic or an addict.
- **Let them know you are available when they are ready to get help.** Despite your best efforts, it may not be possible to get through to them, and it's not your fault. At this point the only thing you can do is back off, and let them have their space to realize it on their own.



Chapter 6: Substance Abuse in the Workplace

Substance abuse in the workplace has the potential to create serious problems. While many employers have successfully addressed this issue of substance abuse with Employee Assistance Programs, clear policies and other services, it continues to be an issue, and there is more that can be done. Substance abuse affects the individual's work performance, work safety and co-workers, and ultimately the entire workplace.



Here are a few examples of problem behavior:

Performance Problems:

- Inconsistent work quality
- Poor concentration
- Lowered productivity
- Increased absenteeism
- Unexplained disappearances from the jobsite
- Carelessness, mistakes
- Errors in judgment
- Needless risk taking
- Disregard for safety
- Extended lunch periods and early departures¹⁴⁵

Behavior Problems

- Frequent financial problems
- Avoidance of friends and colleagues
- Blaming others for own problems and shortcomings
- Complaints about problems at home
- Deterioration in personal appearance
- Complaints and excuses of vaguely defined illnesses¹⁴⁶
- Sleepiness
- Slurred speech
- Unsteady movements and shaky hands
- Cold, sweaty palms
- Dilated pupils
- Red eyes
- Unusual weight loss or gain
- Smell of alcohol on breath
- Deteriorating family relationships
- Borrowing money from co-workers
- Stealing money from co-workers
- Sudden change in choice of friends
- Poor personal hygiene
- Violent behavior
- Impatience
- Depression
- Suspicious attitude toward others
- Emotional behavior
- Excessive talkativeness¹⁴⁷

Chapter 6: Substance Abuse in the Workplace

For employees whose work responsibilities include driving and operating machinery and other equipment production, they are putting their co-workers at risk with their substance abuse.

Supervisors and managers are not responsible for directly diagnosing a substance abuse problem, but one of the ways to address it is through work performance. When a supervisor or manager notices that an employee's performance has negatively changed, a performance meeting may be called. In the meeting, the employee has the opportunity to explain the performance problems and plan with their supervisors ways to correct them.

If the employee mentions a personal problem, such as a substance abuse problem, the supervisor may refer them to their Employee Assistance Program (EAP) or mental health program for more assistance. EAPs provide professional assessments, referrals, and may also offer short-term counseling.

If an employee is suspected of drinking or using a substance on the job, they may be drug tested by their employer. This is often called "just-cause testing."¹⁴⁸ What the individual's status of employment is depends on company policy. Their job may be terminated or they may be given a condition of employment contract. Some workplaces also have mandatory testing.

According to a recent study by Ensuing Solutions, a research organization with George Washington University:

The construction and mining fields have the highest percentage of problem drinkers with nearly one in seven workers having a serious alcohol problem. The wholesale and retail industries are not far behind.¹⁴⁹

An estimated 7.4 percent of adults 18-49 working full time had drinking problems during the past year (2004).

80 percent of heavy drinkers in the U.S. are employed.

Health care costs for employees with alcohol problems are about twice those of other employees.¹⁵⁰

Among full-time workers, heavy drinkers and illicit drug users are more likely than those who do not drink heavily or use illicit drugs to have skipped work in the past month or have worked for three or more employers in the past year.¹⁵¹

Chapter 7: Adolescents and Substance Abuse

Like adults, not every teen who uses substances will become dependent. Using a drug may be an experiment to see what it is like or for some it may be the beginning of a challenging and life-threatening problem. For parents of teens who are using, this can be a frightening and painful time. Teens are less likely to see the link between their actions today and the consequences in the future, and they often believe that they are indestructible and immune to the problems that others may experience.¹⁵²

To best support your teen, it is helpful to understand adolescent substance abuse. Communicate with your teens, and get help when needed.

Teens use substances for different reasons:

- Relax
- Experience pleasurable effects
- Socialize
- Avoid emotional pain
- Forget about problems
- Satisfy curiosity
- Avoid alienation
- Find excitement
- Feel like part of the crowd
- Help sleeping or waking
- Cope with failure
- Relieve boredom
- Anger parents¹⁵³

Some teens may be more at risk for developing serious alcohol and drug problems. Teens at risk may include those who:

- Have a family history of substance abuse
- Are depressed
- Have low self-esteem
- Feel they don't fit in or are out of the mainstream¹⁵⁴



The risks of substance use are high during the teen years because teens are often pushing limits, rebelling against parents, and seeking ways to be independent. Teens may also experiment with drugs due to peer pressure, gang activity, and as a way to cope with their feelings. If parents are able to determine that the use is only experimental, teens may not need formal treatment; however keep in mind that sometimes even experimental use is deadly. Have a discussion with your teen about the natural consequences of use and abuse such as the negative toll on physical health as well as logical consequences for your family such as revoking privileges.

In many cases, however, once parents have discovered that their teen is using substances, the use is no longer experimental and may be abuse. In this situation, immediate consultation with a substance abuse professional is needed.

Possible Warning Signs of Substance Abuse

- Drop in grades
- Poor achievement
- Escalating moods
- Dishonesty about whereabouts
- Early cigarette smoking
- Parental defiance
- Red, watery or glassy eyes (may use eye drops to hide red eyes)
- Delinquent friends
- Late or unexplained hours
- Rejection of parental values
- Drug paraphernalia in their possession
- Disappearance of money or possessions
- Defensive about drug use
- Antisocial behavior
- Drug-using friends
- Drawings of marijuana, drugs, or drug symbols¹⁵⁵
- Unhealthy appearance of skin
- Chronic cough
- Look of exhaustion

What to look for:

- Rolling papers
- Dried plant material with a musky odor
- Pipes, tin cans or other smoking apparatus with sticky brown residue
- Tubes or metal pipes with brownish residue
- Baggies containing seeds or dried plant material
- Unexplained pills or capsules
- White powder
- Razor blades
- Glass vials
- Straws, rolled dollars bills, empty pen barrels
- Syringes, needle marks on body
- Blotter paper square or stickers
- Odor of gas, glue or other petroleum product
- Full aerosol containers with gas propellant absent
- Bottles of alcoholic beverages¹⁵⁶

Different drugs present different symptoms. Be sure to refer to the drug table later in this guide for symptoms of substance use.

Drug Testing

Some parents choose to use drug testing to monitor their teen’s behavior and their teen’s honesty. It may be a useful tool to help parents hold their children accountable and address the problem. There are different types of drug tests available, including some that can be done at home. Talk with a substance abuse professional about what may be a good option for you.

Marijuana Use

In the past few years, there has been a decline in marijuana use. According to a report from the Partnership for a Drug Free America, marijuana use among first-time users has dropped from 42 percent in 1998 to 37 percent in 2004. However, marijuana and alcohol are the substances most widely-used by teens.¹⁵⁷

Marijuana is a popular drug among teens and has been considered a “gateway” drug to other illicit substances. This is because teens who use marijuana are more likely to be involved with other drug users and experiment with other substances.¹⁵⁸ This does not mean that any youth who uses marijuana will use heroin or cocaine, but it is clear that “most users of other illicit drugs have used marijuana first but only after they have begun using alcohol and or nicotine.”¹⁵⁹

Alcohol Use – Underage Drinking and Binge Drinking

Though drinking alcohol is illegal until the age of 21 in the United States, youths state that this substance is easy to obtain. Many youths admit to drinking for the goal of getting drunk.¹⁶⁰ Binge drinking is very prevalent among adolescent and underage drinkers, especially those on college campuses.

- Binge drinking, beginning for some around age 13, tends to increase during adolescence, peak in young adulthood (ages 18 to 22), then gradually decrease.
- Binge drinking during the past 30 days was reported by 8 percent of youth ages 12 to 17 and 30 percent of those ages 18 to 20.4
- Among persons under the legal drinking age (12 to 20), 15 percent were binge drinkers and 7 percent were heavy drinkers.¹⁶¹
- 44 percent of the students surveyed on college campuses binge drink.
- About half of binge drinkers are frequent binge drinkers.
- Men bingers outnumber women bingers 50 percent to 39 percent, but the number of women binge drinkers has been increasing in recent years.¹⁶²

The Triple Threat: Stress, Boredom, and Money

According to the National Center on Addiction and Substance Abuse at Columbia University, “high stress, frequent boredom, and too much spending money pose a triple threat to American teens, greatly increasing the likelihood that they will smoke, drink, get drunk, and use illegal drugs.”¹⁶³

Chapter 7: Adolescents and Substance Abuse

The most serious consequence of binge drinking is alcohol poisoning, which is a severe physical reaction to an alcohol overdose. In alcohol poisoning, the brain loses oxygen and ultimately shuts down, ceasing the voluntary functions that regulate breathing and heart rate.¹⁶⁴ Symptoms of alcohol poisoning include:

- Vomiting
- Unconsciousness
- Cold, clammy, pale, or bluish skin
- Slow or irregular breathing (less than 8 breaths a minute or 10 or more seconds between breaths)¹⁶⁵

In addition to alcohol poisoning, underage drinking is also associated with many other risky and dangerous behaviors. The Centers for Disease Control reports, “alcohol is a leading risk factor in the three leading causes of death among youths: unintended injuries (including motor vehicle crashes and drownings), suicides, and homicides,” as well as risky sexual behaviors and poor school performance.¹⁶⁶

OTC and Prescription Abuse

According to the Partnership for a Drug-Free America 2005 study, prescription and over the counter (OTC) drug use is on the rise:

- 18 percent, or 4.3 million teenagers nationally, report abusing Vicodin®; one in 10 teenagers (10 percent), or 2.3 million teenagers nationally, report abusing OxyContin®. (Both are prescription painkillers.)
- 10 percent, or 2.3 million young people, have tried prescription stimulants Ritalin® and/or Adderall® without a doctor’s order.
- 9 percent, or 2.2 million young people, have abused OTC cough medications intentionally to get high. Such products contain the active ingredient dextromethorphan.
- Teen abuse of prescription and OTC medications is higher or on par with teen abuse of a variety of illicit drugs – i.e., cocaine / crack (9 percent), Ecstasy (9 percent), methamphetamine (8 percent), LSD (6 percent), ketamine (5 percent), heroin (4 percent) and GHB (4 percent).
- 37 percent of teens say they have close friends who have abused prescription painkillers like Vicodin®, OxyContin® and Tylox®. Some 29 percent say the same about prescription stimulants Ritalin® and Adderall®. Teens often overstate friends’ use; however, this measure underscores awareness and normalization of this type of substance abuse among teenagers.
- Teens who abuse or have abused prescriptions or OTC medication are, more often than not, likely to report having abused drugs such as Ecstasy and marijuana.¹⁶⁷



The study reports that the reasons for the increase in OTC and prescription use are due to the following factors:

- They are accessible.
- They are perceived safe when compared to illicit drugs.
- They are legal, doctor prescribed, and FDA approved.¹⁶⁸

If You Suspect Your Teen Has a Problem

It is important to take action and help your teen if you suspect there is a substance use and abuse problem. Many concerned loved ones admit that they are reluctant to address the problem and are fearful of what they may uncover. However, keep in mind that your teen's health is at risk. There are many different professionals and adults in your teen's life who may be able to support you at this time.

The Governor's Prevention Partnership of Connecticut has identified seven steps to take if you suspect your teen has a drug problem.

- 1. Involve a professional to help determine what to do next.** Professionals who may be able to help include your teen's doctor, school counselor, member of the clergy, drug treatment counseling agency, or local youth community programs. You may also want to research drug prevention programs in your area, which may be helpful if your child is only experimenting with drugs. Ask the school guidance counselor if they have observed any unusual behavior or inconsistencies. If there are many warning signs, a professional evaluation may be necessary.
- 2. Document as much evidence as you can.** Record every behavior that concerns you. These observations are helpful if your teen tries to deny them. Be aware that if you search your teen's room, you are probably going to anger and offend your teen. It is also easy for them to claim that any suspicious items belong to someone else.
- 3. Prepare what you want to say to your child.** Preparation will give you confidence about addressing this difficult topic. You may want someone else to be present, such as a family member or friend, to support you and your teen.
- 4. Plan to talk with your child at a time in a setting where you can have uninterrupted discussion.** This is a difficult discussion for both you and your teen. Be careful not to be accusatory or defensive. Use firm but respectful language so that your teen will listen to what you have to say. Focus on describing behavior you have observed. The more details you have, the harder it will be for teens to deny or argue. Stress that you will not tolerate substance use and explain that you intend to determine if these behaviors are indications of drug use.

Teens often deny any use, but this does not have to stop you from expressing your concerns and suspicions. You may discuss potential consequences if you discover substance use, such as a stricter curfew or grounding of driving privileges. If you are certain that your teen is using drugs, you can discuss further actions, such as a treatment center or counseling. Avoid arguing, bargaining and debating.

- 5. Make an appointment for a drug assessment for your child.** Drug assessments are good ways to determine the extent of your teen's problem with substances. Partnership for a Drug-Free America recommends that parents request a drug test during this assessment but do not disclose this to their teens. Be sure the facility understands that the assessment is for a teen and provide them with any of your observations or other information you may have. Your teen will need to sign a release of information consent if you want the counselor to share the information with you.
- 6. Keep the appointment no matter what.** Even if your teen improves their behavior, do not break the appointment. If your teen refuses to go, you can go and talk with the counselor about necessary next steps.
- 7. Don't give up if things don't go the way you want – go the distance.** If ignored, substance problems may only get worse. The effort that you have made this far has been an effective intervention even if it did not produce your desired results. You may have to continue this discussion over time and at other occasions. Be sure that you get help and support. You may want to attend a support group such as Families Anonymous, Tough Love, or Al-Anon.¹⁶⁹

Substance Abuse Treatment Programs for Teens

Treatment options for adolescent substance abuse are very similar to adult treatment. The experiences of teen and adult substance abuse differ, so many programs separate teens from adults.

In addition to the treatment options discussed previously (see *Treatment and Recovery*), wilderness-oriented programs and boarding schools/residential programs are available for teens.

- **Wilderness-Oriented Treatment** – These live-in programs combine confidence building, education, counseling and group therapy in a remote setting. Activities similar to Outward-Bound camps are also included. It is necessary for teens to follow up with a therapeutic program at home. Some programs also have a 12-step orientation that is advisable when alcohol and drugs are a serious problem.¹⁷⁰ Families should keep in mind that they may not be covered by insurance and are potentially very expensive.
- **Boarding Schools/Residential Programs** – These programs allow teens to address their substance abuse problems and maintain their grades and/or improve their academics. Programs vary with schools and can be expensive, so be sure talk with a variety of individuals about their experiences as well as admissions counselors.¹⁷¹



The American Academy of Child and Adolescent Psychiatry recommends that parents ask the following questions about their teen's substance abuse treatment program:

1. Why do you believe this treatment in this program is indicated for my child? How does it compare to other programs or services which are available?
2. What are the credentials and experience of the members of the treatment team, and will the team include a child and adolescent psychiatrist with knowledge and skills in substance abuse treatment?
3. What treatment approaches does this program use regarding chemical dependency; detoxification; abstinence; individual, family, and group therapy; use of medications; a 12-step program; mutual-help groups; relapse prevention; and a continuing recovery process?
4. Based on your evaluation, does my child have other psychiatric problems in addition to the substance abuse problem? If so, will these be addressed in the treatment process?
5. How will our family be involved in our child's substance abuse treatment — including the decision for discharge and the after-care?
6. What will treatment cost? Are the costs covered by my insurance or health plan?
7. How will my child continue education while in treatment?
8. If this treatment is provided in a hospital or residential program, is it approved by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO)? Is this substance abuse treatment program a separate unit accredited for youngsters of our child's age?
9. How will the issue of confidentiality be handled during and after treatment?
10. How long will this phase of the treatment process continue? Will we reach our insurance limit before treatment in this phase is completed?
11. When my child is discharged from this phase of treatment, how will it be decided what types of ongoing treatment will be necessary, how often, and for how long?
12. As my child's problem improves, does this program provide less intensive/step-down treatment services?¹⁷²

Conclusion

Though substance abuse is a problem for many individuals and in many families, there is still hope. With different treatment options, many people recover from substance abuse and live their lives without the destructive effects of dependence or abuse.

When a loved one has a substance abuse problem, it is often difficult for concerned family members and friends to know what to do and how best to help this person. Though the decision to quit is ultimately theirs to make, those concerned and close to this person can still influence and support their loved one to seek appropriate treatment and make a change toward recovery from their substance abuse problem. The recovery process is cyclical, but with consistent, diligent efforts, a successful resolution can be reached for many.

As mentioned throughout this guide, you as a family member or friend can support your loved one by providing information, setting limits, encouraging their treatment goals, and in some circumstances holding an intervention. Equally important, however, is for you to take care of yourself and get help when you feel that your life is out of balance or if you notice that caring for this person is taking control of you. Remember, you are important too.

For more information and resources on alcohol and drug abuse, visit www.liveandworkwell.com and visit the Mental Health Conditions Centers on Alcohol and Drug Abuse (the link is on the homepage).



Self-Help Toolkit

Substance Abuse Self-Appraisal

This appraisal asks questions about your use of alcohol. You can use this appraisal to decide if it would be helpful to discuss your alcohol use with a substance abuse professional or your physician.

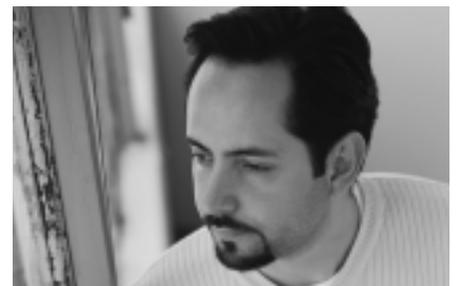
If you answer “yes” to even one of these questions it might be helpful for you to talk to a professional about your use of alcohol.

Check the box for all statements that describe how you feel.

Check the box for all statements that describe how you feel.

- | | |
|---|---|
| <input type="checkbox"/> Have you ever felt you should cut down on your drinking? | <input type="checkbox"/> Have you ever felt bad or guilty about your drinking? |
| <input type="checkbox"/> Have people annoyed you by criticizing your drinking? | <input type="checkbox"/> Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? |

This self-appraisal is not a substitute for a professional evaluation and is not intended to be a self-diagnosis. Only a professional can make a diagnosis. If you have concerns about your drinking after answering these questions please talk to your physician or a substance abuse professional.





Self-Help Toolkit

Identifying Signs of Codependency (Coaddiction) Assessment

Concerned loved ones may be at risk to develop behaviors of codependency. The National Mental Health Association has created the following questionnaire to help individuals identify these behaviors and characteristics. This quiz is for informational purposes only. Only a trained professional can accurately diagnose a condition.

Check the box for all statements that describe how you feel.

- Do you keep quiet to avoid arguments?
- Are you always worried about others' opinions of you?
- Have you ever lived with someone with an alcohol or drug problem?
- Have you ever lived with someone who hits or belittles you?
- Are the opinions of others more important than your own?
- Do you have difficulty adjusting to changes at work or home?
- Do you feel rejected when significant others spend time with friends?
- Do you doubt your ability to be who you want to be?
- Are you uncomfortable expressing your true feelings to others?
- Have you ever felt inadequate?
- Do you feel like a "bad person" when you make a mistake?
- Do you have difficulty taking compliments or gifts?
- Do you feel humiliation when your child or spouse makes a mistake?
- Do you think people in your life would go downhill without your constant efforts?
- Do you frequently wish someone could help you get things done?
- Do you have difficulty talking to people in authority, such as the police or your boss?
- Are you confused about who you are or where you are going with your life?
- Do you have trouble saying "no" when asked for help?
- Do you have trouble asking for help?
- Do you have so many things going at once that you can't do justice to any of them?

If you identify with several of these symptoms; are dissatisfied with yourself or your relationships; consider seeking professional help.¹⁷³

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Self-Help Toolkit

Drug Table

This drug table provides a variety of information on substances including drug name, its relative effects, the length or duration of the effects, appearance, and other names it may go by.

This drug table does not provide a comprehensive summary of all drugs but a brief, general overview of alcohol, illegal or street drugs, prescription drugs, and other substances used to create similar effects of drugs. For specific information on different drugs please visit the National Institute of Drug Abuse (www.nida.nih.gov) or refer to the appendix for other resources.¹⁷⁴

Inhalants

Effects of use: Nausea, dizziness, nosebleeds, fatigue, lack of coordination, loss of appetite, disorientation, agitation, delusions, vomiting, slurred speech, euphoria, hallucinations, confusion, shortness of breath, coughing, hypotension (nitrites), loss of consciousness. Chronic exposure can produce damage to the neurologic system (e.g. brain) and damage to other organs, such as the heart. “Sudden sniffing death syndrome” can also occur. (See <http://www.nida.nih.gov/InhalantsAlert/Index.html> for more information.)

Type of Drug	Street/Trade Names	Looks Like	Route of Admin	Duration of Effects
Nitrous Oxide (gases)	Laughing gas, whippets, Blue Nun, nitrous, Buzz Bomb, Poor Man’s Pot	Small metal cylinders, always a blue color	Sniffed or huffed (inhalant soaked rag is placed in the mouth)	15-45 minutes
Amyl Nitrites, Butyl Nitrite, Cyclohexyl Nitrite (nitrites)	Poppers, snappers, locker room, rush, quicksilver, bolt, Climax, Poor Man’s Pot, Inhaled Viagra, Viagra poppers	Clear, yellowish liquid in small glass containers	Sniffed or huffed (inhalant soaked rag is placed in the mouth)	15-45 minutes
Aerosol sprays and cleaning fluids (solvents), paint thinners, lacquers, glue, aerosol and paint cans, gasoline, correction fluid, felt-tip markers, paint thinners	Airplane dope, Poor Man’s Dope	Varies depending on method of use	Sniffed or huffed (inhalant soaked rag is placed in the mouth)	30-45 minutes

Self-Help Toolkit

Hallucinogens

Effects of use: Illusions and hallucinations, euphoria, disoriented behavior, suspiciousness, poor perception of time and distance, relaxed inhibitions, labile affect, anxiety, dilated pupils, initial tension followed by emotional release of crying and laughing, rapid heart rate, elevated blood pressure, paranoia, profuse sweating, slurred speech

PCP includes additional effects: Pinprick, delirium, depression, dysmetria (lack of coordination of movement), facial grimacing

Withdrawal Effects: Irritability, poor memory, grand mal seizures, muscle spasms, nystagmus (constant, involuntary movement of the eyeball), psychosis, hallucinations, extreme agitation, slurred speech, blank stare, violence, vomiting, persistent paranoia

Type of Drug	Street/Trade Names	Looks Like	Route of Admin	Duration of Effects
LSD	Acid, acid cube, window pane, blotter, wedding bells, microdot, bartman, Bart Simpson, gelatin chips, electric Kool-Aid, Lucy in the Sky with Diamonds, sugar cubes, back breaker, battery acid, Candy-flipping (LSD and MDMA), Doses, Dots, Elvis, Flash (LSD w/ cocaine injection), Loony Tunes, Outer Limits (Crack and LSD), Pane, Superman, Zen	Colored tablets, blotter paper, clear liquid, thin squares of gelatin, colorless and odorless substance with a slightly bitter taste which is often added to absorbent paper such as blotter paper or added to sugar cubes	Ingested orally	6-18 hours
Phencyclidine & Analogs (PCP)	PCP, angel dust, love boat, hog, boat, animal trunk, STP, peach, peace pill, supergrass, rocketful, ozone	Liquid, white powder, pills, capsules	Injected, oral (swallowed), smoked (lacing cigarettes or marijuana), inhaled	Days (oral), 4-12 hours (sniffed)
Psilocybin & Psilocyn	Magic mushroom, purple passion, shrooms	Fresh or dried mushrooms	Oral	3-6 hours
Amphetamine variants – designer drugs	Adam, ecstasy or MDMA, STP, XTC	White powder, tablets, capsules	Oral	1-8 hours
Mescaline	Peyote, mescal, cactus, buttons, mesc	Hard brown disks, tablets, capsules	Oral	8-12 hours

Self-Help Toolkit

Marijuana or Cannabis

Effects of use: Illusions and hallucinations, euphoria, disoriented behavior, relaxed inhibitions, anxiety, dilated pupils, increased tears (glassy eyes), transient red (bloodshot) eyes, initial tension followed by emotional release of crying and laughing, stimulation of appetite, loss of coordination, increased sense of smell and/or taste, difficulty thinking and solving problems

Withdrawal Effects: Irritability, poor memory, grand mal seizures, muscle spasms, nystagmus, psychosis, hallucinations, extreme agitation, slurred speech, blanket stare, violence, vomiting

Type of Drug	Street/Trade Names	Looks Like	Route of Admin	Duration of Effects
Marijuana	Pot, reefer, grass, weed, dope, ganja, Mary Jane, sensemilla, chronic, hash, blunt, herb, smoke, Acapulco gold, Thai sticks, hemp	Dried parsley, with stems and/or seeds	Oral, smoked	1-3 hours
Hashish	Hash	Brown or black cakes or balls	Oral, smoked	2-4 hours
Tetrahydrocannabinol (the principal psychoactive chemical in marijuana)	THC, Prescription Drug: (dronabinol) Schedule III Controlled Substance	liquid extracted from cannabis plant, Marinol Gel Capsules 2.5 mg, 5mg, 10mg	Oral, smoked	2-4 hours

Stimulants

Effects of use: Increased alertness, excitation, euphoria, increased pulse rate, increased blood pressure, insomnia, loss of appetite, increased violence, mood swings, sweating, hyperactivity, confusion, disorientation, enhanced physical endurance

Withdrawal effects: Muscle aches, anxiety, slowed comprehension, convulsions, depression, fatigue, hyperphagia, hystonia, restlessness, rhinorrhea, sleep disturbances, sleepiness, prolonged deep sleep

Type of Drug	Street/Trade Names	Looks Like	Route of Admin	Duration of Effects
Amphetamine (amphetamine like)	Uppers, speed, Black Beauties, Crosses, Hearts, Reds, Red Devils Prescription Drugs: Dexedrine (dextroamphetamine), Adderall (amphetamine salts), OTC diet/energy supplements: ephedra (Ma Huang herbal form), ephedrine (Primatene Mist Tablets)	Capsules, tablets, often put in a gelatin capsule or in a piece of paper when taken orally due to bitter taste	Injected, oral, smokable form called "ice"	2-8 hours (continued next page.)

Self-Help Toolkit

Stimulants (continued)

Type of Drug	Street/Trade Names	Looks Like	Route of Admin	Duration of Effects
Methamphetamine	Crank, crystal, glass, ice, speed, Bikers coffee, chalk, chicken feed, crystal meth, glass, go fast, ice, meth, methlies quick, poor man's cocaine, shabu, stove top, trash, yellow barn Prescription Drugs: Desoxyn (methamphetamine)	Capsules, tablets*, powder, clear/white capsules *Methamphetamine is commonly made from the extraction of pseudoephedrine from common OTC cough and cold products, street preparation involves distilling with explosive chemicals and pressing into crude tablets	Injected, oral, smoked, sniffed	4-8 hours
Methylphenidate	Rids, Vitamin R, Jif, Rball Prescription Drugs: Ritalin, Concerta, Metadate CD, Methylin	Tablets, capsules* *Common street abuse is to crush the controlled release tablets or capsules to ingest a large dose at once	Oral	2-8 hours
Crack Cocaine	Rock, sugar block, base, freebase	White to tan pellets that look like soap	Injected, smoked, sniffed	less than 1 hour
Cocaine	Coke, snow, blow, white, snowbirds, flake, rocks	White crystalline powder, seeds, leaves, coca paste	Injected, smoked, sniffed, chewed	1-2 hours
Nicotine	Cigars, cigarettes, smokeless tobacco, snuff, chew, dip, spit tobacco, OTC Medications: transdermal patch (Nicoderm CQ, Prostep, Habitrol), nicotine gum (Nicorette) Prescription Products: Nicotrol Nasal Spray, Nicotrol Oral Inhaler	Tobacco, snuff, patch, gum, cigarette, cigar	Smoked, sniffed, oral (chewed), transdermal	15-60 minutes

Self-Help Toolkit

Narcotics (Opiates)

Effects: Initial euphoria, slowed mental functioning, drowsiness, tiny pupils, anxiety, delirium, floating feeling, nausea, skin picking

Withdrawal effects: Cramps, muscle aches and spasms, anorexia, anxiety, diarrhea, fatigue, hypertension, irritability, nausea, lacrimation, orthostatic hypotension, piloerection (goose flesh), dilated pupils, restlessness, rhinorrhea, hot and cold flashes, sleep disturbance, sweating, tachycardia, vomiting, yawning

Type of Drug	Street/Trade Names	Looks Like	Route of Admin	Duration of Effects
Heroin	Smack, horse, mud, black tar	White to dark-brown powder or tarlike substance	Injected, smoked, sniffed or snorted	4-5 hours
Morphine	M, Miss Emma, Mister Blue, morph Prescription Products: MS-contin, Avinza, Roxinol, Oramorph, Duramorph	White crystals, tablets, capsules, liquid/syrup	Injected, oral, smoked	4-7 hours (8-12 hours for controlled release)
Opium	Dover's powder, poppy, poppy seed, tincture of opium	Dark-brown chunks or powder	Oral, smoked	6-8 hours

Opioids and Morphine Derivatives (Opioids are synthetic opiate-like substances)

Type of Drug	Street/Trade Names	Looks Like	Route of Admin	Duration of Effects
Codeine	Vitamin C, Robac, Tussin, Tuss, Cody, Prescription Products: Tylenol w/ codeine, Robitussin A-C, Empirin w/ codeine, Fiorinal w/ codeine, Mytussin AC, Phenergan AC	Tablet, cough syrup	Injected, oral	3-6 hours
Methadone	Meth, detox, oj, junk, jungle juice, spit Prescription Products: Dolophine, Methadose, Methadone Intensol	Tablet, liquid	Injected, oral	12-24 hours
Hydrocodone	Vikes, Vicky, Vic Prescription Products: Vicodin, Lortab, Hycodan, Hytussin, Vicoprofen	Tablet	Oral	3-6 hours
Oxycodone	Ox, Oxygen, OC, Oxy, Oxy 80, OcyContin, killer, O-Crush Prescription Products: Oxycontin, Percocet, Percodan, Oxydose, Tylox	Tablets*, liquid injection, sniffed *It is common street practice to crush the sustained release Oxycontin Tablets to ingest a large does all at once	Oral	3-6 hours
Propoxyphene	Pink Ladies, grandma's meds, hillbilly heroin Prescription Products: Darvocet, Darvon, Propacet	Tablet	Oral	3-6 hours

Self-Help Toolkit

Depressants and Sedatives; including sleeping pills and tranquilizers

Effects: Drowsiness, confusion, slurred speech, disorientation, drunken behavior, life-threatening withdrawal, ataxia, depressed mood, dizziness, euphoria, irritability, nystagmus, sleepiness, slurred speech, memory loss

Withdrawal effects: Cramps, anorexia, anxiety, convulsions, delirium, depressed mood, fatigue, flushing, hallucinations, headaches, irritability, poor memory, grand mal seizures, nausea, nystagmus (constant, involuntary movement of the eyeball), orthostatic hypotension (decrease in blood pressure when changing from a seated to a standing position), tingling and numbness in extremities, psychosis, hyperactive reflexes, restlessness, sleep disturbance, tremor, tachycardia, violence

Type of Drug	Street/Trade Names	Looks Like	Route of Admin	Duration of Effects
Alcohol	Beer, wine, liquor	Liquid	Oral	(This varies and is dependent on amount of alcohol consumed.)
Barbiturates	Black Beauties, Downers, Barbs, Barb Bitches Prescription Products: Amytal, Butisol, Fiorinal, Nembutal, Seconal, Tuinal, Phenobarbital, Secobarbital, Amobarbital	Tablet, capsule	Oral	4-16 hours
Gamma hydroxybutyrate (This is one of the "club drugs.")	GHB, Great Hormones at Bedtime, Georgia Home Boy, Grievous Bodily Harm, Liquid Ecstasy, Weight Belt Cleaner	Clear fluid	Oral	1-6 hours
Benzodiazepines	Rohypnal (date rape drug), Roffies, Mickey, Downers, benzos, sleepers Prescription Products: Ativan (lorazepam), Dalmane (flurazepam), Librium (chlordiazepoxide), Serax (oxazepam), Valium (diazepam), Tranxene (chlorazepate), Versed (midazolam), Halcion (triazolam), Restoril (temazepam), Doral (quazepam), Klonopin (clonazepam), Ambien (zolpidem), Sonata (zaleplon), Lunesta (eszopiclone)	Tablet, capsule, injections	Oral	4-16 hours
Methaqualone	Quaalude, ludes, sopes, soapers, Q, 714s, love drug, heroin for lovers, mandrakes, quacks, Dr. Jekyll and Mr. Hyde	Tablet, capsule	Oral; "luding out" is taking Quaalude with wine	4-6 hours
Glutethimide	Doriden, goofballs, goofers, loads, sets, setups	Tablet, capsule	Oral	4-8 hours

Self-Help Toolkit

Steroids

Effects: Mood swings (including uncontrolled anger and aggressiveness), paranoid jealousy, extreme irritability, delusions and impaired judgment.

Withdrawal effects: None. Users often become depressed upon discontinuing with inhalant use.

Type of Drug	Street/Trade Names	Looks Like	Route of Admin	Duration of Effects
Anabolic Steroids (There are other types of steroids, but the anabolic steroids are most frequently abused.)	Roids, juice, Testosterone (T/E ratio), Stanazolol, Nandrolene, Anadrol, Oxandrin, Dianabol, Winstrol, Deca-Durabolin, Durabolin, DepoTestosterone, Equipoise	Tablet, capsule, liquid	Oral, injected	days to weeks

Substance Abuse and Recovery Resources

Al-Anon and Alateen Worldwide
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
(888) 425-2666
<http://www.al-anon.org>

Alcohol and Drug Referral Hotline
(800) 252-6465

Alcoholics Anonymous
475 Riverside Drive, 11th Floor
New York, NY 10115
(212) 870-3400
<http://www.alcoholicsanonymous.org>

Adult Children of Alcoholics
ACA WSO
P.O. Box 3216
Torrance CA 90510
(310) 534-1815
<http://www.adultchildren.org>

Alcoholics Victorious (Christian-based)
1045 Swift Street
Kansas City, MO 64116-4127
(816) 471-8020
<http://av.iugm.org>

American Council for Drug Education
164 West 74th Street
New York, NY 10023
(800) 488-3784 (800) 488-DRUG
<http://www.acde.org>

American Council on Alcoholism
1000 E. Indian School Rd.
Phoenix, AZ 85014
(800) 527-5344
<http://www.aca-usa.org>

Cocaine Anonymous
3740 Overland Ave., Suite C
Los Angeles, CA 90034
(310) 559-5833
<http://www.ca.org>

Crystal Meth Anonymous
8205 Santa Monica Blvd. PMB 1-114
West Hollywood, CA 90046-5977
<http://www.crystalmeth.org>

National Institute of Drug Abuse
6001 Executive Boulevard, Room 5213
Bethesda, MD 20892-9561
(301) 443-1124
<http://www.drugabuse.gov>

Dual Recovery Anonymous
P.O. Box 8107
Prairie Village, Kansas, 66208
(877) 883-2332
<http://www.draonline.org>

Hazeldon
15245 Pleasant Valley Rd.
PO Box 11
Center City, MN 55012-0011
(800) 257-7810
<http://www.hazeldon.org>

Substance Abuse Treatment Facility Locator
Substance Abuse Mental Health Services
Association
<http://www.findtreatment.samhsa.gov>

Intervention Center
<http://www.intervention.com>

Marijuana Anonymous
P.O. Box 2912
Van Nuys, CA 91404
(800) 766-6779
<http://www.marijuana-anonymous.org>

Narcotics Anonymous
PO Box 9999
Van Nuys, California 91409
(818) 773-9999
<http://www.na.org>

National Council on Alcoholism and Drug Dependence (NCADD)

22 Cortlandt St., Suite 801

New York, NY 10007

(800) 622-2255

(212) 269-7797

<http://www.ncadd.org>

Not My Kid

333 W. Indian School Rd.

Phoenix, AZ 85013-3205

(602) 652-0163

<http://www.notmykid.org>

Rational Recovery

Box 800

Lotus, CA 95651

(530) 621-2667

<http://www.rational.org>

Substance Abuse and Mental Health Services Association

<http://www.samhsa.gov>

Secular Organizations for Sobriety

<http://www.secularsobriety.org>

Smart Recovery

7537 Mentor Ave.

Suite 306

Mentor, OH 44060

(866) 951-5357

<http://www.smartrecovery.org>

Women for Sobriety

P.O. Box 618

Quakertown, PA 18951-0618

(215) 536-8026

<http://www.womenforsobriety.org/>

Substance Abuse and Recovery Bibliography

These books represent a sample of literature available to assist you and your family. They are not recommendations or endorsements.

Books for Parents

Adolescent Drug and Alcohol Abuse: How to Stop It and Get Help for Your Family

By **Nikki Babbitt**, O'Reilly, 2000, 296 pages

Regardless of education, neighborhood, or economic level, teens can become involved in drugs, and often parents are among the last to know. To help parents, Babbitt discusses addiction, getting help for your child, and finding support for concerned parents. Babbitt reminds parents that they are not alone and there is hope in the future.

Choices and Consequences: What to Do When a Teenager Uses Drugs/Alcohol.

By **Dick Schafer**, Hazeldon, 1998, 176 pages

This book is written for anyone who has a role in a teen's life, including parents, teachers, and family members. It gives a helpful, proven step-by-step intervention system that loved ones can use to stop their teen's harmful abuse of alcohol and other drugs.

Cool Parents, Drug-Free Kids: A Family Survival Guide

By **Robert Cooms**, Allyn and Bacon, 2002, 214 pages

Cooms talks about how kids get into drugs, which substances they are likely to use, and the stages of drug abuse. This book also gives suggestions for what parents can do to support a drug-free community and provides options for parents already struggling with their teen's substance abuse problem.

An Elephant in the Living Room – The Children's Book

By **Marion H. Typpo, Ph.D.**, Hazeldon, 1994, 88 pages

This activity book is designed to help children understand and cope with the problem of substance abuse in the family. The "elephant" is the secret of a parent's or loved one's problem with alcohol and drugs. The book explains that it isn't helpful to ignore such problems. There is also a leader's guide to help caretakers discuss this topic with children.

How to Tell If Your Kids Are Using Drugs

By **Peter D. Rogers and Lea Goldstein**, New Harbinger Publications, 2002, 180 pages

Authors Rogers and Goldstein, both experienced psychologists, guide concerned parents and educate them about how to recognize symptoms, talk with their kids, and determine the best interventions. This book also includes a comprehensive glossary of drug terms and slang as well as advice for setting limits and making informed decisions.

Pumped: Straight Facts for Athletes About Drugs, Supplements, and Training

By Cynthia Kuhn, Scott Swartzwelder, and Wilkie Wilson, W.W. Norton, 2000, 192 pages

Authors explain what published research has shown about steroids, hormones, dietary supplements, alcohol, and caffeine. They also discuss dieting, weight loss, and the physiology of the body. One chapter gives tips to help readers judge advertisements and company claims' on products.

The Second Family: Dealing with Peer Power, Pop Culture, the Wall of Silence – and Other Challenges of Raising Today's Teens

By Ron Taffel and Melinda Blau, St. Martin's Griffin, 2002, 224 pages

Authors use the term "second family" to describe the core influences of your teen's peer group and pop culture. Taffel and Blau explain the complexities of teen culture to confused parents and hope for helping teens at risk. Taffel is an experienced therapist who based this book on many interviews with teens and their families.

Teens Under the Influence: The Truth About Kids, Alcohol, and Other Drugs...

by Katherine Ketcham, Nicholas A., M.D. Pace, Ballantine Books, 2003, 432 pages

Authors Ketcham and Pace tackle the problem of drug abuse with detailed chapters on each drug and how it works so parents can recognize their teen's drug abuse problem if they encounter it. They also provide instructions on how parents can intervene and support their children through the rehabilitation process.

Books for Individuals and Family Members

Addict in the Family – Stories of Loss, Hope, and Recovery

By Beverly Conyers, Hazeldon, 2003, 184 pages

Conyers shares the difficult true stories of addiction as well as the hopeful stories of recovery. Throughout these stories she identifies key recovery points that offer invaluable lessons on loving, detachment, intervention, self-care, self-help groups, community support, addiction and recovery, neurobiology, and family dynamics.

Codependent No More – How to Stop Controlling Others and Start Caring for Yourself

By Melody Beattie, Hazeldon, 1986 and 2001, 264 pages

Beattie introduced the term "codependent" in the 1980's, and since then it has become a very useful description of the attitudes, feelings, and behaviors for those in unhealthy relationships with individuals with substance abuse problems. A "codependent" is a person who has let someone else's behavior affect him or her and is obsessed with controlling other people's behavior. Beattie provides explanations and lessons for individuals healing from these relationships and these behaviors.

Beyond Codependency

By Melody Beattie, Hazeldon, 1989, 276 pages

In this sequel to *Codependency No More*, Beattie focuses on the process of recovering from the self-defeating behaviors that adult children or loved ones use as survival tactics. Beattie provides possible ways to cope with difficulties and suggests activities at the end of each chapter.

Intervention

By Vernon E. Johnson, D.D., Hazeldon, 1998, 132 pages

Interventions are meetings designed to help individuals with substance abuse problems recognize that they need help. Johnson describes this process and outlines steps to help loved ones get the help and support they need at this difficult time.

Staying Sober: A Guide for Relapse Prevention

By Terence T. Gorski and Merlene Miller, Hazeldon 1986, 227 pages

Many individuals with substance abuse problems struggle with sobriety and often relapse into substance abuse. Gorski developed his CENAPS approach described in this book to help those in recovery avoid relapse. There are helpful sections for the individuals and their loved ones.

Swallowing a Bitter Pill

By Cindy R. Mogil, New Horizon Press, 2001, 200 pages

Cindy Mogil founded Prescription Anonymous in 1998 and has written this book to help others with their prescription drug problem. The approach is very similar to other 12-step support groups, but her personal insight and the attention to prescription drugs makes this book special for other individuals in this situation.

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