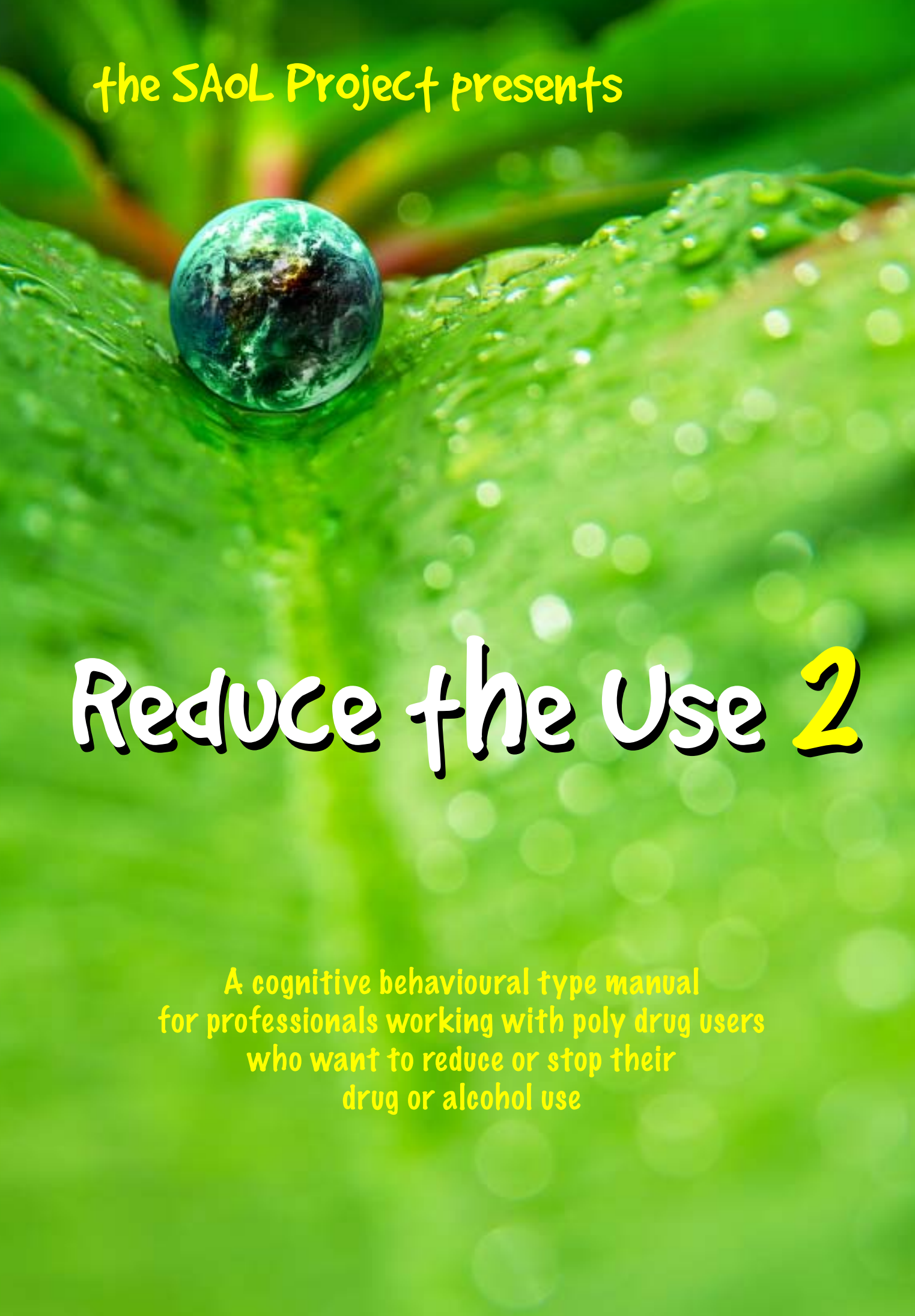
the SAoL Project presents
Reduce the Use 2
A cognitive behavioural type manual
for professionals working with poly drug users
who want to reduce or stop their
drug or alcohol use

CONTENTS

Foreword

Since the SAOL Project launched its 'Reduce the Use' materials in 2007, the response has been fantastic. Aside from all of the printed copies of the resource being utilised, there have been more than 3600 downloads of the 'Reduce the Use' programmes from our website. It is noteworthy that not only has the programme been useful in the North Inner City – and our thanks go out to the North Inner City Drugs Task Force for their on-going help and support – but it is being used throughout Dublin and Ireland, England and as far afield as USA, Spain, Netherlands, Japan and China. 'Reduce the Use' certainly made an impact. We hope that **Reduce the Use 2©** will do the same.

The Project created these resources as a way of dealing with the spiralling cocaine crisis affecting the North Inner City and other areas – for which methadone treatment was only part of the answer for some and not the answer for many. Ever innovative, SAOL combined common sense, motivational interviewing, cognitive behavioural therapy and profound knowledge of our own client group to create something which helps people to spot triggers for drug use and to combat them, arguably the very best way to deal with addiction.

The participants on the SAOL Project have benefited greatly from 'Reduce the Use'. In addition to testing it out for us and giving valuable feedback which was used to modify the resources, it has assisted them in reducing their use of substances while also helping them understand their recovery in deeper ways. Many other projects have used 'Reduce the Use' and found it an invaluable tool for dealing with addiction – and SAOL is very grateful for the insightful feedback received, which we believe is now reflected in **Reduce the Use 2©**.

Drug use is a changing phenomenon. Cocaine is still a very big issue but has been joined by other stimulants, increased cannabis use, tablet use (both internet and prescribed) and more recently by crystal meth. Alcohol (now part of the National Drugs Strategy 2009-2016) remains a huge problem in and of itself but is also a major part of poly drug use. **Reduce the Use 2©** has responded to these changes and this poly drug use edition, designed to help people respond to their key drug use problems; will assist professionals who work with people in all stages of recovery, to carry out their work more effectively.

We are very proud to launch **Reduce the Use 2©**, a new, improved version which we know will provide immense benefits to our own participants as well as those attending your service.

Catriona Crowe
Chairperson
SAOL Project

Acknowledgements

SAOL Project would like to thank everyone who contributed to the development of **Reduce the Use 2©**, particularly:

- Thanks to community drug projects and other individuals and agencies working with drug users in the field who have contacted us to give us feedback on the resource
- Thanks also to Ger, Barry and Belinda for their trojan efforts in trying and testing the new exercises
- Thanks to the participants of SAOL: without whom it would not have been possible to put this resource manual together
- Thanks to all the staff of SAOL for their ongoing support, insight, empathy and good humour!
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- Special thanks for the writing contribution of Joan Byrne, Founder and Director of the SAOL Project since 1995

To download this resource free of charge log on to: www.saolproject.ie

Design and Production: Printwell Co-operative, Dublin 1

Introduction

This manual has been written by the SAOL Project and represents a contemporary edition of the original Reduce the Use Programme[1] published in 2007. This revised edition **Reduce the Use 2©** has been produced based on SAOL's experience of delivering the first programme to their participant group, the experience and feedback of other projects currently using the first programme and the increase in the presentation of poly drug users (using a combination of two or more drugs including alcohol) amongst the drug using population. It replaces the original Reduce the Use 2007 which will no longer be available.

The manual comes in two main parts.

The first part gives a background to the production of this manual and a comprehensive overview of the programme, the key issues underpinning it, the skills and materials needed to deliver it and some insights and tips on managing the group and the participants based on our experience.

The second part covers the updated modules and includes sections on:

- **Facilitator guidelines** – which take you step by step through the implementation of all aspects of the programme
- **Worksheets** – all worksheets needed to deliver the programme are in a separate section making them easier to find for photocopying purposes
- **Handouts** – all handouts needed to deliver the programme are in a separate section making them easier to find for photocopying purposes

The manual is meant for retention by yourself or your agency/project as a Master Copy. Please do not write directly into the worksheets in the manual. All material should be photocopied and used as appropriate.

While this second edition – **Reduce the Use 2©** – has been written with the needs of the poly drug user in mind, all of the exercises are designed so that they can be adapted and used to address any drug or alcohol addiction.

1 **SAOL** (2007) Reduce the Use – An eight session course on reducing cocaine use

SECTION 1

S1

This section takes us back to the production of our first Reduce the Use manual in 2007 and explains the emerging need for an updated version aimed at poly drug users.

We also give some brief insights into some of the principles and approaches used by the SAOL Project in its work with women drug users.

Finally we explore some of the key differences – based on our experience as a community drugs project – we have found between working with a cocaine user and those who are poly drug users.

SECTION 1

Background to Reduce the Use 2© and some key issues for consideration

1.1 That was 2007...

In 2007, the SAOL Project Ltd produced a range of innovative addiction resources which were designed to help individuals, drug projects, agencies and communities to primarily address the gap in accessible practical intervention tools for those wishing to stop or reduce their cocaine use. Communities, at that time, were experiencing major disruption to their traditional ways of life as a result of the surge in cocaine use from the early 2000's onwards. Many young people were dying as a result of a combination of drug and alcohol use with the mixture of cocaine and alcohol causing particular problems.

In 2004, Citywide Drugs Crisis Campaign, published a survey carried out amongst community drug projects of cocaine use[2] which showed an increase in cocaine use, projects struggling to cope and a pattern on poly drug use emerging. They produced a follow up survey in 2006[3] which showed an alarming increase in cocaine use reported amongst drug projects – from a figure of 14% in 2004 to 62% in 2006.

In areas like Dublin's North Inner City it is not uncommon to find grandparents rearing children whose parents have either died or are in very poor health as a result of drug or alcohol use. Indeed some local neighbourhoods feel that they have lost a whole generation of their young people to drug use and are concerned that they are witnessing the onset of the next generation of drug users. Grandparents have stepped into the breach in many of these cases but there is a growing concern that the next generation of young people will not have the benefit of this support for their children as the older population dies off. This impending gap in family and social support is likely to play a critical role in the development of young people in these communities. What is known is that drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health.[4]

It is therefore becoming more and more urgent that we, as community drug projects, put emphasis onto helping participants control or stop their drug use so that they have the best opportunity to become functioning, supportive members of their families and communities.

In 2007 the National Advisory Committee on Drugs produced a second report on cocaine use in Ireland [5] and its first four recommendations were:

- **Recommendation 1:** Establish stimulant specific interventions in areas where cocaine problems are acute
- **Recommendation 2:** At a service delivery level (opiate focused services in particular) need to adapt, develop and standardise response to increasing levels of cocaine use (and poly drug use) among their clients
- **Recommendation 3:** Given the current context of poly drug use, in the long-run a re-orientation of drug services from drug specific interventions to treatment tailored towards the individual regardless of the drug(s) they use. This approach will provide a series of options for the drug user, appropriate to his/her needs and circumstances and should assist in their reintegration back into society
- **Recommendation 4:** Dispel the myth among services users and providers that there is no effective treatment for cocaine/crack use. Cocaine/crack use can be treated

2 **Citywide Drugs Crisis Campaign** (2004) Cocaine in Local Communities, Survey of Community Drug Projects
3 **Citywide Drugs Crisis Campaign** (2006) Cocaine in Local Communities, Citywide Follow-Up Survey
4 **World Health Organisation**, (2003) Social Detriments of Health – the Solid Facts, second edition
5 **National Advisory Committee on Drugs (NACD)** (2007) An Overview of Cocaine Use in Ireland: II. A Joint Report from the National Advisory Committee on Drugs (NACD) and the National Drugs Strategy Team (NDST)

SAOL responded to the emerging evidence of increased cocaine use by producing a Resource Pack of three different interventions and made these tools accessible and available free to download from their website. These intervention tools were launched by us in June 2007 at a Conference in Croke Park.

- **Reduce the Use** – an eight module group programme on reducing cocaine use
- **Cocaine Relapse Worksheets** – a brief intervention tool for drugs workers to assist individuals who are in cocaine relapse
- **Cocaine CD** – a complimentary audio resource for individuals who want to address their cocaine use/relapse

1.2 So what's new?

Four years have passed since then and, as an agency, we have had plenty of opportunity to use the resources and evaluate their impact. Since 2007, communities have been increasingly expressing concern about the level of poly drug use amongst their drug using population. The most common drugs include cocaine and it's derivatives, tablets, stimulants, alcohol, opiates (heroin and methadone) and cannabis (in all forms)..

More recently, there has been an alarming increase in the use of psychoactive substances which were purchased legally in the colloquially named 'Head Shops' and, while legislation was introduced in 2010 to make it illegal to buy or sell products containing mephedrone, benzylpiperazine, methylone, methedrone, butylone, flephedrone, and MDPV – anecdotal evidence suggests that these products are still widely available on a lucrative black market.

Given the changing nature of drug use and the fact that more and more projects are dealing with poly drug users, the SAOL Project decided that they would update their original 'Reduce the Use' so that it could be used for those presenting with a poly drug addiction. Consequently we have updated and amended the course introduction, overview, content, worksheets and handouts to reflect those demographics.

The updated version of **Reduce the Use 2©** follows similar lines to the original in that it outlines in detail a brief module-based programme which will help the drug user to gain tools and techniques to recognise, avoid and cope with drug and alcohol addiction. Similar to the original version, it is largely based on cognitive behaviour type interventions, in that it remains structured, goal oriented and focused on immediate problem solving.

A new feature of **Reduce the Use 2©** is that it includes a guideline structure for a Pre-Programme Assessment Meeting. It has been our experience that this initial meeting between the client/participant and the facilitator is vitally important and good practice for two reasons. Firstly it is a useful means of establishing a relationship between the participant and facilitator and secondly it helps the facilitator assess the participant's readiness for the programme. We decided to formally include this assessment phase in the programme to further assist projects and drug workers in identifying those ready to embark on the programme.

We have also gone into greater detail to explain to the reader the rationale behind the programme and to explain further the concepts involved.

The Handouts, Worksheets, Exercises and Facilitator Guidelines have been amended to reflect a broad range of drugs, including alcohol.

1.3 Community Education Approach

Reduce the Use 2© uses a community education approach to learning. Community Education promotes personalised learning and flexibility within the group. Participants are involved as equal partners in identifying needs and goals and adapting them on an ongoing basis. Community Education with adults is concerned, not with preparing people for life, but rather with helping people live more successfully. "In this way adults are assisted to increase competence or negotiate transitions in their social roles". [6] It is not intended to be prescriptive but rather to enable people to assume more responsibility for their health and become more aware of the choices and constraints facing them.

The goals of community education, however, include not just individual development but also community advancement, especially in marginalised communities. It allows people to challenge existing structures and enables and encourages them to influence the society in which they live. A key feature of community education programmes is that they work particularly well within the context of a community setting and provide the supports necessary for successful access to learning such as:

- guidance
- one to one mentoring and support
- group support
- feedback
- childcare supports

The Reduce the Use 2© programme brings all of these key elements together and in this way meets the criteria of community education.

The world of illegal drug use in communities is complex. Many families have been endemically involved in drug or alcohol use and many of the presenting clients are second generation drug users. Drug use has become a norm for many individuals who have backgrounds in familial and community drug misuse. Problem drug and alcohol use does not occur in a vacuum and what constitutes 'a problem' is by no means universally agreed, being influenced by values, cultural norms, attitudes and social conditions.

Facilitators of this programme should familiarise themselves with the community context in which they are delivering the programme. It is with this in mind that all positive changes in drug and alcohol using behaviour must be seen as significant.

1.4 Working with Women – a gendered approach

The SAOL Project is a women's drug rehabilitation project and as such all of our programmes are designed to take into account the specific issues of gender in addiction.

At a societal level substance misuse is a male dominated area. A detailed look at this issue however reveals a more complicated picture. While men are more likely to misuse illegal drugs, women dominate in the misuse of prescription type drugs such as tranquillisers and anti-depressants.[7] The Department of Health & Children's Benzodiazepine Committee found higher usage amongst females of all age groups.[8]

6 Reproduced from: **Darkenwald, G. G. and Merriam, S. B.** (1982) Adult Education. Foundations of practice, New York: Harper and Row.
7 **The Women's Health Council** (2009) Women and Substance misuse in Ireland
8 **Department of Health & Children** (2002). Report of the Benzodiazepine Committee. Dublin:

In addition the most recent population survey of alcohol use in Ireland found that women's lifetime use of alcohol increased in three of the ten Regional Drugs Task Force areas.[9]

Recent Irish research carried out for the European School Survey Project on Alcohol and Other Drugs (ESPAD) found that girls are now drinking almost as often as boys and more girls (29%) than boys (25%) reported being drunk during the previous month.[10] This evidence suggests that substance misuse may be becoming a larger problem for women than it has been traditionally.

Women tend to experience drug misuse differently than men. There are physical differences, stronger familial influences, more severe effects on mental health and emotional well-being and deeper levels of shame and guilt.

In delivering **Reduce the Use 2©** to your participant group it is important that you are cognisant of the special circumstances of women drug users and build in a gender analysis to the delivery of the programme.

1.4.1 Physical differences

Women appear to be more vulnerable than men to the adverse effects of alcohol and drug misuse on physical health. Women have been found to develop alcohol-related health problems earlier in their drinking careers than men and may also progress to problematic drug use and dependency more quickly than men.[11] Women develop alcohol-related liver disease, such as cirrhosis or hepatitis, after a shorter period of time and after lower levels of drinking than men, and they are more likely to die from these conditions than are men.[12]

Female drug users are more likely than their male counterparts to report a range of physical and mental health complaints, in spite of their shorter histories of drug use and shorter injecting careers.[13] Women's biological make-up is partly responsible for the negative effects on their health; since women have a proportionally higher ratio of fat to water than men they are less able to dilute alcohol or other substances within the body, and will therefore have a higher concentrations in their blood than men after taking in the same amounts.

Women's hormones also affect how much and how quickly alcohol or drugs are absorbed. A woman's drinking or drug use may also leave her more vulnerable to violence/attack by others.[14]

1.4.2 Family influences

Research also shows that a woman's family background is an important influence on substance misuse. In the first instance the behaviour of other family members can influence a woman's own behaviour, so that research has shown that having a family background of heavy drinking or drug misuse can increase the likelihood of a woman having problems with substance misuse herself.[15] [16]

Secondly, lack of cohesive and supportive family life is a significant predisposing factor to substance misuse among women and it has been suggested that girls are more responsive than boys to parental influences on substance use.[17] Parental disapproval and 'bonding' to

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9 **NACD & PHIRB** (2008). Drug use in Ireland and Northern Ireland 2006/2007; Drug Prevalence Survey Bulletin 2: Regional Drugs Task Force (Ireland) & Health and Social Services Board (Northern Ireland) Results. Dublin: National Advisory Committee on Drugs & Public Health Information and Research Branch

10 **Morgan, M. and Brand, K.** (2009). ESPAD 2007: Results for Ireland. Dublin: Department of Health & Children

11 **Cox, G., Kelly, P. and Comiskey, C.** (2008). ROSIE findings 5: Gender similarities and differences in outcomes at 1-year. Dublin: National Advisory Committee on Drugs

12 **Institute of Alcohol Studies** (2008). IAS Factsheet: Women and Alcohol

13 **Cox, G. and Lawless, M**. (2000). Making contact: An evaluation of a syringe exchange programme. Dublin: Merchant's Quay Project

14 **Poole, N. and Dell, C. A.** (2005). Girls, women and substance use. Ottawa: Canadian Centre on Substance Abuse & BC Centre for Excellence for Women's Health

15 National Institute on Alcohol Abuse and Alcoholism (1990). Alcohol Alert No. 10: Alcohol and Women.

16 **Corrigan, E. M. and Butler, S.** (1991). 'Irish alcoholic women in treatment: Early findings'. Substance Use & Misuse,

17 **The National Center on Addiction & Substance Abuse at Colombia University**, (2006)

family, particularly to parents, tend to act as restraining factors in substance use. [18]

Research also indicates that drug dependant women have great difficulty abstaining from drugs when the lifestyle of their male partner is one that supports drug use. They tend to be very influenced by their partner's drug taking and often become very dependant on them to access their drugs.

1.4.3 Women and mental health

Strong links have been found between substance misuse and depression, and it has been suggested that depression may be a reason for, as well as a product of, substance misuse.[19] Women in the general population are twice as likely as men to suffer from depression [20] and it may therefore be an important pathway to substance misuse for them, as well as being a significant consequence.

High rates of depression have been found among substance misusers, and alcohol and drug use have been linked with higher rates of suicide. Particularly high rates of depression have been found among drug users, who are at greater risk of suicide than those who do not misuse drugs.[21] This risk may be heightened among women, as research has shown that women (80%) are more likely than men (65%) to overdose on drugs as a method of deliberate self-harm.[22] By its very nature, alcohol is a depressant and it can facilitate suicide by increasing impulsivity, changing mood and deepening depression.

In 2006-2007 there was evidence of alcohol consumption in 38% of female episodes of deliberate self-harm, and the numbers of people presenting in hospitals with deliberate self-harm generally peak at times coinciding with the times when people traditionally consume higher amounts of alcohol – in the hours around midnight, with one-third of all presentations occurring on Sundays and Mondays. Womens mental health may also suffer disproportionately as women often experience more stigma due to substance misuse than their male counterparts. There is still a double standard that judges womens substance misuse more harshly than mens, particularly if the woman has children. This greater stigma can result in greater guilt and shame for women and for their families, and may lead to women being reluctant to seek treatment.[23]

There have been many studies carried out worldwide which show clear evidence of the link between a history of child physical abuse, rape, incest, sexual assault and domestic violence and subsequent drug misuse.[24] [25] It is therefore essential that facilitators are aware of the particular pathways and background factors that lead to women misusing drugs and alcohol so that their needs can be fully addressed through the supports offered.

As emotional and relational reasons are often at the crux of women's misuse of drugs and/or alcohol, services for women may require an increased emphasis on care and support (Poole & Dell, 2005). In this regard, support structures and one to one work are important methods of encouraging women to engage and stay engaged.[26]

1.4.4 Women and cocaine/stimulants

Women experience drug use differently from men and this is as true for cocaine/stimulant

18 Grube & Morgan, 1990.
19 **Needham, B. L.** (2007). 'Gender differences in trajectories of depressive symptomatology and substance use during the transition from adolescence to young adulthood'. Social Science & Medicine
20 **Women's Health Council** (2005). Women and mental health; Promoting a gendered approach to policy and service provision. Dublin: The Women's Health Council
21 **Lyons, S., Lynn, E., Walsh, S. and Long, J.** (2008). Trends in drug-related deaths and deaths among drug users in Ireland, 1998 to 2005. Dublin: Health Research Board
22 **National Suicide Research Foundation** (2008). Annual report 2006-2007. Cork: National Suicide Research Foundation
23 **Wilsnack, S. C. and Wilsnack, R. W.** (2002). 'Women and alcohol: An update. International gender and alcohol research: Recent findings and future directions'. Alcohol, Research and Health
24 **Cormier, R. A., Dell, C. A. and Poole, N.** (2004). 'Women and substance abuse problems'. BMC Women's Health, 4
25 **Roberts, M. and Vromen, N.** (2005). Using women. London: DrugScope
26 **Farrell, E.** (2001). 'Women, children & drug use'. In Pike, B. (Ed) A collection of papers on drug issues in Ireland. Dublin: Drug Misuse Research Division, The Health Research Board

drug use. While increased HIV/HVC risks and more dangerous sexual activity has been recorded for some time,[27] a telescoping of problems relating to later uptake of stimulant use but earlier onset of problematic health and social problems is also noted;[28] a higher likelihood of reporting psychotic symptoms (delusions of grandeur, paranoia and tactile and olfactory hallucinations, body dissatisfaction and even inappropriate dressing) which can act as blocks to effective treatment has been verified.[29] Waldrop et al, note the role of stressors in uptake of stimulant drug use and suggest that women, in response to stress (and thereby interpersonal triggers) are more likely to turn to cocaine and stimulants than their male counterparts, also recording that such use will result in greater impact on relapse.[30]

All of the above is in keeping with SAOL's own experience of working with women using cocaine/stimulants. In case-study research conducted in 2010, stimulants were being used by almost all cases (13 out of 14) and although they were predominantly reported as being used as their secondary drug of choice, such use resulted in serious relapses with their primary drug of choice; increased use of stimulants or graduation to more serious stimulant use (example introduction of IV use or use of crack cocaine); marked deterioration in mental and physical health; decrease in self-care – with particular reference to poor hygiene, lack of care in use of drug equipment, carelessness in relation to sexual health and also weight-loss and poor diet; breakdown in relationships with partners, children and family of origin; and increased debt often resulting in illegal activities. While all of the above can be experienced by males, it is important to note that women seem to be experiencing more of the above examples than their male counter-parts, experiencing these issues with greater levels of intensity than men and experiencing them in a shorter timeframe. Each of these issues should be noted by the facilitator and taken into account when determining goals and establishing support systems with female participants.

1.4.6 Shame and guilt

Many drug using women cite shame and guilt as a major issue for them around their drug misuse. These feelings of shame, which produce a sense of worthlessness or inadequacy, often delays them from seeking help, with the result that more damage has been done to their health and well-being as a result. In SAOL's experience women are also reluctant to disclose the extent of their drug use because of the stigma associated with being a woman drug user. Indeed, many women are driven to hide the extent of their drug misuse for fear of scrutiny and censure by family, community and relevant figures in authority. This is particularly true for women who are caring for children.

1.5 What's the difference between working with a cocaine user and a poly drug user?

SAOL's experience has been that it is more unusual for us to be working with someone who uses cocaine only. In our experience most of our participants present with poly drug use problems, using many combinations of drugs such as tablets, methadone, alcohol, cocaine and other psychoactive substances and cannabis. Whatever a participant's 'preferred combination' we ended up spending a lot of time 'tweaking and editing' the original programme as we went along!

During 2010 we made a decision to re-write our original Reduce the Use manual to make it more easily adaptable to working with poly drug users.

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27 **Joe, G.W. & Simpson, D.D.** (1995) HIV risks, gender and cocaine use among opiate users
28 **Kay, A. et al**., (2010) Substance Use and Women's Health, Journal of Addictive Diseases, 29 pp139-163
29 **Mahoney, J.J. et al** (2010). Relationship between gender and psychotic symptoms in cocaine-dependent and methamphetamine dependent participants
30 **Waldrop, A.E. et al**. (2010) Community-dwelling cocaine-dependent men and women respond differently to social stressors versus cocaine cues

1.6 A word of caution

For those wishing to use Reduce the Use 2© with participants, it should be noted that some substances may require medical supervision when detoxifying. Alcohol and tablets are particular cases in point.

In this event, no attempt should be made by the facilitator to encourage an individual to simply stop taking these drugs without medical supervision or a programme of slow withdrawal.

The abrupt cessation of any drug can have severe consequences, particularly if the person has been a chronic, long term user and it is always advised to seek medical advice and support in the event a client wishes to stop their drug use altogether.

SAOL's policy is to encourage all participants engaged in Reduce the Use 2© to inform their doctor and to be guided by them throughout the process.

It is important that you, as the facilitator, make efforts to become aware of the extent of your participants drug or alcohol use. Some clients may under-estimate the extent of their drug or alcohol use at the time of the Assessment Meeting. This can happen for many reasons – denial, embarrassment, shame, deceit, habit, lack of personal awareness of real extent of drug use, etc. We find that the real extent of the participant's actual drug or alcohol use usually reveals itself as you establish a good, trusting relationship with them and as they engage on a deeper level.

1.7 The good news!

SAOL has built up a wealth of experience and learning from its ongoing running of Reduce the Use 2©. We are currently running two separate groups every week for our participants.

SAOL's experience is that we encourage the participant to initially look at whatever drug is causing the most harm and to concentrate on reducing that first. If this is unprescribed tablets for example, we may decide to get expert medical advice on the way forward and will always encourage the participant to slowly reduce their intake and to keep a written journal of what they are taking. The participant and facilitator can then keep track of progress or 'slips' and it provides us with a tool to review and reflect on whether the programme is working well for the participant or needs some adjustment. Similarly if a client is presenting with an alcohol addiction as the primary cause for concern, we will work with them to slowly reduce the amount of alcohol being consumed, the times it is being consumed, etc in order to best reduce the harm.

As a result of tailoring Reduce the Use 2© to suit each participant, we have found that the majority of our participants were successfully able to reduce their dependency on a variety of substances over time as a direct result of their participation on the programme. Indeed, the very process of creating an awareness of the amount of drug ingested, the harm being caused and the personal, social, financial and emotional consequences for the participant has a great impact on their future choices around drug use.

We hope you enjoy this new edition of Reduce the Use 2© and we are happy to hear any feedback from you. We are also happy to answer any queries you may have on the course content, Facilitator Guidelines, Handouts and Worksheets.

SECTION 2

Key issues for the programme

S2

This section explains the key issues involved in the successful implementation of this programme. It will help the facilitator understand who the programme is aimed at, what the participants might expect from the programme, how long it should take to deliver, how to use the group effectively, how to manage a variety of possible emerging themes, the role of written work and guidance on managing referrals and information.

This section covers:

2.1 Target Group/Commitments

This course is designed for people who are contemplating reducing or stopping their use of a specific drug or a number of drugs.

No two people in your group will be at the same level in terms of their drug or alcohol use or, indeed, their level of initial commitment and comprehension. The skilled facilitator will recognise this and will be able to use their group work skills to identify those with additional needs so as to bring out the best from each client's participation. Some people may need more time than others to grasp the concepts of **Reduce the Use 2©** and it is your job as the facilitator to respond to everyone's needs in the group.

In the event that there are some clients who need more intensive support than others, this can be provided in a one-to-one environment outside of the course time – perhaps in discussion with their key worker or case manager if one is available.

This programme has been designed for groups no larger than 12 clients but with an ideal range of between 8 and 10. It can work, however, for groups as small as 3 or 4 people. The reason for this maximum number is that the group needs to be small enough for members to practice the skills being taught.[31] A larger group will not have the time to process the information learned, practice the techniques and feedback to its members.

2.2 What will this programme do for the client?

This programme will allow the client to go on a journey of self discovery and give them new insights into their drug use. It should help them to:

- increase self esteem and self efficacy
- learn from others experiences
- gain a deeper understanding of their addictive behaviours
- gain an awareness of the impact of their drug and alcohol use on self and others
- create an awareness of how they can control and change the thought patterns that lead to addictive behaviours
- learn how to set goals around reducing their use
- learn skills on avoiding situations of risk
- have an opportunity to practice new skills
- learn how to cope with cravings
- learn how to cope with a lifestyle that is drug and alcohol free or self-controlled

The programme is informed by cognitive behaviour type interventions and is therefore structured, goal oriented and focused on immediate problem solving. It focuses on analysing thought processes and skills training designed to help participants unlearn old habits associated with their drug and alcohol use and learn or relearn healthier skills.

2.3 Programme duration

Reduce the Use 2© designed to be delivered over approximately 10 modules with an additional pre-assessment meeting beforehand. However this is merely a guideline and each project should decide what suits them and their clients best. We are aware, for example, of one drugs project who delivers the programme over a period of 20 modules.

31 **US Dept of Health & Human Services** (2005) Substance Abuse Treatment Group Therapy – A Treatment Improvement Protocol TIP41

If you decide to alter the programme to suit your own needs, please remember the following:

- there should be a clear finish to the programme as it was not designed as an ongoing piece of work
- you should make sure you cover all aspects of the modules
- each 'session' you deliver should be accompanied by a reflection on the clients Drug Diary Worksheet 5 **W13**
- each 'session' you deliver should incorporate a client's Safe Plan Worksheet **W14**

We find there are no hard and fast rules about programme duration. This manual is simply a guide to a tried and tested brief intervention model and therefore must be reasonably time restricted. The most important thing is to run the modules on a consistent basis, get through all of the material and make sure that your group understands every step.

The first four modules are more 'content' intensive and contain the main concepts of the programme and will, therefore, take longer to deliver than the others. Do not get yourself 'tied in knots' trying to deliver each module within the framework recommended in this pack. Each group is different, each facilitator is different and you must accommodate your delivery to suit that group.

In SAOL, we tend to run the modules on a weekly basis. This gives time for each member to absorb the information or practice the techniques learned. However it is quite feasible to decide to run the modules on, say, a bi-weekly basis. We also make sure that the modules are not going to be interrupted by Bank Holidays for example as a longer break between modules can affect the flow of the group.

2.4 Commitment Contract

This course requires the following level of commitment from each group member:

- attending regular programme workshops
- completing homework tasks
- maintaining a drug diary

Programme participants need to be made aware of the commitment involved in the course in the first Information Meeting. The use of a commitment contract is encouraged as this strengthens the level of commitment from the individual. An example of commitment contract is provided in the Handouts Section of the manual **H11**

2.5 Using the group effectively

The greatest resource a facilitator has available are the group members. Your members will bring with them a wealth of information and ideas and it is your task to ensure that these ideas are facilitated and shared with the group. The course takes the members through a journey that focuses on practical ways to problem solve. A group works best at problem solving if:

- the problem can be defined in different ways
- information is needed from different sources
- it is a very specialised problem
- the problem has implications for many people

- there are likely to be many possible solutions
- it is a complex problem with many different aspects

The advantages to taking a group approach to this programme is that each member will bring a different experience, knowledge, point of view, values and, as a result, a larger number of ideas for problem solving can be generated. The exchange of ideas can act as a stimulus to the imagination, encouraging individuals to explore ideas they would not have otherwise considered.

Individual beliefs can be challenged by the group, forcing the individual to acknowledge them and rethink their beliefs. The group can also encourage individuals to accept that change is needed.

Groups of individuals can bring a broad range of ideas, knowledge and skills to bear on a problem. This creates a stimulating interaction of different ideas which results in a wider range of better quality solutions.

It is therefore crucial that the facilitator is skilled in working with groups and understands the dynamic of their group and how to get the most out of them by encouraging discussion throughout the duration of the programme. The programme is designed to encourage collaboration rather than be delivered in a wholly 'instructive' manner.

2.6 Managing the Group

The facilitator of **Reduce the Use 2**© should understand how best to work with clients in order to encourage them to explore their beliefs, thoughts, feelings and mindsets. If the group process is managed effectively it can be an extremely powerful tool for change.

Once a motivational topic has been raised by a group member, facilitators should encourage deeper contributions by asking the client to elaborate – ask for clarification, ask for an example, ask for a description, etc. Always using affirming tones by commenting positively on the clients statement. Use reflecting as a means of getting the client to continue their contribution. Ask evocative questions designed to elicit change talk. Some examples of these are:

- how would you like things to be different?
- where do you see yourself in five years time? How does alcohol fit into that?

Experienced addiction workers should be familiar with Motivational Interviewing[32] principles and these should be borne in mind and applied when facilitating group discussions. To assist you here is an overview of these general principles:

- express empathy, warmth and genuineness in order to facilitate engagement and build rapport
- support self-efficacy. Build confidence that change is possible
- roll with resistance. Arguing, interrupting, negating and ignoring are signs a client is resistant to change
- develop discrepancy. Generate inconsistency between how the client sees his/her current situation and how he/she would like it to be. This strategy is based on the notion that discomfort motivates change and internal inconsistency or ambivalence is a cause of human discomfort

32 **Miller & Rollnick (Editors)** 2002, Motivational Interviewing, Preparing people for Change , Second Edition, Guildford Press

2.7 Group Motivation

Using an experiential group model to challenge drug use has many advantages. The individual in the group gets to benefit from the sharing of experiences of others and in so doing raises the consciousness level of the group as a whole. The space for self reflection is created by the coming together of the group and the opportunities for re-evaluation are presented in a safe, supported environment.[33]

The overall aim of **Reduce the Use 2©** is to motivate and support the client to reduce or stop their drug use. The very act of engaging with the programme in the first instance should be viewed as a potential motivational tool. It is SAOL's experience that clients will present to the programme for various reasons. For some it is the fact that they are in a serious crisis regarding their drug use and are desperate for help - others will be curious to know what it is all about and may seek to dip in and out of the concepts and others will be referred by ourselves or other agencies who want to seek some intervention for their clients that might help them with their addictions.

We find that using the Wheel of Change Model is a useful way for the client and facilitator to determine just exactly where the client is at in terms of their readiness for change and helps the facilitator to get a clearer understanding of the composition of their group.

Whatever the reason for engagement, the facilitator has a responsibility to ensure that the client gets the most benefit from their engagement. All of the individual modules will teach the participant something and the aim is that they will leave each workshop having learned something new about themselves, their addiction and means of change. The learning gained will not be lost.

As they progress through the various modules on **Reduce the Use 2©**, and as awareness grows, participants may decide that they are not ready for the commitment to change – that the reality of change is far bigger than they thought – but small changes are acceptable and bigger changes will follow. Efforts to help them work through this resistance and find a compromise should be made.

During the duration of the programme, there is an opportunity for each individual to make a clear choice from three options:

- make no substantial change and continue with their current drug or alcohol use habits
- gain techniques for self control and reduce their drug or alcohol use
- stop their drug or alcohol use

If a participant decides that they do not want to progress further and efforts have been made to work through their resistance, then they should be assisted to leave in the knowledge that they can come back again at any time. Their departure from the programme should not be seen as a sign of failure on their part or the programme's part – they will have learned something about themselves and their drug use and will likely be much better equipped the next time around to make the commitment to change.

In the event of a participant leaving, the facilitator should ensure that every effort is made to maintain contact with the participant to offer support by:

- ensuring that they have access to relevant harm reduction information/ services
- ensuring that they have access to appropriate one to one supports where resistance might be explored further
- working on the non drug related issues that they are willing to change or address

33 **Mary Marden Velasquez, et al** (2001) Group Treatment for Substance Abuse – A Stages-of-Change Therapy Manual The Guilford Press

- If appropriate, contacting the referrer to make them aware of the participant's disengagement so as to enable further supports from that source

By keeping the participant engaged with you, they are more likely to be in a position to re-commence the programme at a future date.

2.8 Managing Resistance

It is quite normal to meet levels of resistance during the delivery of the programme. Some participants may start off feeling positive and enthusiastic but as the reality of the changes they need to make begin to hit home they can start to self sabotage. Resistance can arise for a number of reasons and the facilitator needs to be aware of when it is happening and develop strategies to work with it. The table below may provide some useful tips for you:

Type of Resistance	Strategies
Revelling Those who are having too good a time to change	■ stimulate concern about the negative consequences ■ raise doubt about their illusory sense of elevated self-efficacy ■ focus on how their behaviour affects others ■ shift focus from problematic issue
Reluctant Those who are simply unwilling to consider change.	■ counter the hesitance by working through their concerns about changing ■ build confidence in their ability to change. ■ use the support of individuals who have made similar changes
Resigned Those who feel hopeless and helpless, may have a history of failed attempts and do not feel they can change.	■ provide hope ■ share success stories of similar individuals ■ evaluate prior attempts and suggest different strategies to use
Rebellious Those who actively resist attempts to encourage change.	■ link autonomy and freedom to change ■ shift high-energy levels from rebellion to change ■ make sure they feel in charge of the change at all times ■ offer choices and options for managing their change
Rationalising Rationalises why the addictive behaviour does not pose a problem. Appears to have all the answers.	■ continue to make a clear connection between behaviour and consequences ■ do not deride their reasons but try and work with them to your advantage ■ build confidence in their potential to change

2.9 Managing disclosures

It is SAOL's experience that occasionally participants may make disclosures which are not appropriate to the group setting of the programme. Disclosures can come in many forms – they can be disclosures of past traumas, current traumas, illegal activities, etc. If this should happen we recommend that you handle the disclosure with extreme sensitivity and let the participant know that you are happy to see them directly after the group has finished. If there are two facilitators in the group, one of them may be in a position to talk to the participant straight away and privately. In this way you can explore the best way forward with regard to the disclosure. Depending on the nature of the disclosure the facilitator may be in a position to handle the support needs of the participant or it may be necessary to refer them on to another service or agency.

2.10 Managing Group Confidentiality

As a facilitator, please remember that it is not within your power to guarantee confidentiality of the group. You can only promote it. In SAOL's experience we have tended to look for a group 'spirit of goodwill' rather than get caught up with the issue of confidentiality. It is important, however, to remind participants that they should not repeat another participant's personal discussions or disclosures with people outside the group.

As group discussions play a major part in the workshops of this programme. The facilitator needs to take an active role in moving discussions on and keeping the group focused. You should strike your own balance between the needs of your participants and the course programme content. It is absolutely normal that groups will stray from the point – particularly if it is challenging to them and their current behaviours. As facilitator you are expected to be cognisant of this and to respond appropriately. The programme is designed to be delivered to a group but you should, at all times, be considerate to the needs of the individual members of your group.

2.11 Managing Attendance

If a participant misses a module for some reason, they should be given the opportunity to catch up prior to the commencement of the next module.

Depending on your project's resources, this may be done on a one-to-one basis and more intensive homework may be required. If a number of modules have been missed by an individual, the facilitator must decide whether or not that person can re-enter the group or whether it would be more appropriate to wait until the start of another group. In either event a meeting should be called with them to find out why they are not attending.

There may be valuable communication and feedback gleaned from such meetings which may benefit the participant, programme and/or style of delivery. If, after such a meeting, it is determined that the person is not yet ready to engage fully with the programme, work should continue with that individual on a one-to-one basis to ensure that they are supported and have access to basic drug/alcohol and harm reduction information and services.

As a means of addressing some attendance issues, SAOL runs two inter-changeable groups on two afternoons per week so that a participant has the opportunity to attend on another day if circumstances prevented them from attending their own group meeting.

Remember, participants should not be made to feel like they have 'failed' in their efforts but rather encouraged for the efforts they have made. This will help to build self esteem

and help with their re-engagement with the programme in the future. Remember – there is merit in the attempt, and a whole lot accomplished along the way.

2.12 The Role of Written Work

Written work is an intrinsic part of **Reduce the Use 2**© as it allows the participant to reflect on the group learning at their own pace. In the experience of SAOL, writing has proven to be a disciplinary act that gives participants new insights into themselves and their relationships. It settles the mind, it's a de-stressor and it relieves tension. It can also act as an important outlet as it can help to let go of negative thoughts.

Studies have also shown that emotional disclosure through expressive writing can increase a persons working memory. All in all, the benefits of writing as a form of expression can not be overstated.

Writing (both in the group and later at home) allows the participant the opportunity to reflect on their learning and can help them create new roadmaps for change.

The course demands that some written work is completed outside of the module attendance (e.g. **Drug Diary H❶3**). Some peoples living environment may not be conducive to writing at home and in this case a place should be suggested or made available where this can be done privately. In addition participants with literacy difficulties may need assistance with completing their drug diaries. Consideration should be given to providing a 'private' space before or after each module for anyone who needs to avail of it.

Cognitive behavioural techniques encourage written work as a way of processing emotions, seeing the problem in a different light and working a way towards a solution. It helps the individual to retain the learning of new skills so that these skills eventually become an automatic part of daily life. For this to happen, participants need to practice these new skills as often as possible.

The written exercises in this programme are designed to allow for significant reflection on a participants drug or alcohol use and its impact on their lives and those around them. This can be a difficult process for the learner as the reality of their situation becomes more and more evident. It is important that the participant is supported to safely get through these potentially difficult phases.

2.13 Literacy Issues

In your initial interview with the participant, you will have established the extent of their literacy skills and those that need additional help with writing should be assigned this support.

While **Reduce the Use 2**© is designed for those who have competency in reading and writing, it has been our experience that some participants present with literacy difficulties and may need extra support to feel comfortable to take part in the workshops. We have found the following strategies to be useful:

- offering the use of a 'scribe' to assist the learner in the modules
- using more discussion based formats during modules as opposed to written work
- introducing a set of symbols, short-hand or emoticons for drug diaries
- using a tape recording as a means of recording drug diaries or feelings and experiences
- using a 'buddy' system with another participant in the modules to help with writing, spelling, etc

2.14 Storage of Information

As a general rule we encourage participants to leave their work folders with us for safe-keeping in between modules. If they have completed written work during the group, they may want to take this home to continue the writing. In this event we suggest that you photocopy their class work and store a copy in their folder. Some participants will not wish to take work home because of privacy or safety issues and this is to be expected. Keeping a copy of all participant work will ensure that no information is lost or forgotten for the next module.

All participant assessment information, work folders and referenced flip chart sheets should be stored safely and securely in accordance with the usual storage and data protection protocols within your agency/project.

2.15 Referrals In

SAOL receives direct referrals from various sources. Sometimes a participant may be initially referred to be considered for our main two year Special Community Employment Programme and in the event we do not have places available on our main programme, we can offer a place on Reduce the Use 2©.

We recommend that projects establish a relationship with referrers so as to ensure that the referrer has a broad awareness of the type of programme on offer and that the goal of the programme is conducive to the participant's care plan. A minimum referral requirement is that the participant has shown motivation and a desire to reduce or stop their drug or alcohol use.

Some of our participants are repeat attenders on Reduce the Use 2©. They may have had a relapse or are finding themselves slipping back into old habits and they have requested a place on the programme again. We are happy to offer this repeat support, as each group will generate new insights for its members.

If a client wishes to self refer, SAOL will carry out an assessment of their readiness and ensure that we have an 'in case of emergency' contact number which could include their drug treatment centre, GP, family member or a significant other.

2.16 Referrals Out

When a participant comes to the end of the programme, SAOL will always offer aftercare support for as long as is needed. Our Aftercare Programme meets twice per week and also offers a one to one support service. If the participant has been referred to us from another agency, the agency is informed that the participant has completed the programme and is either attending Aftercare or is no longer regularly attending. This is to ensure that the participants ongoing support needs are being met.

If it is deemed that the participant needs ongoing intensive support, SAOL will make every effort to secure this support and will keep the participant in a holding situation with us until that support kicks in.

SECTION 3

How to Use this Resource

S3

This section explains the skills and experience needed to implement **Reduce the Use 2©** as well as the optimum ratio of participants to facilitator. It also explains how to use the programme handouts and worksheets.

This section covers:

- 3.1 What skills does the facilitator need?
- 3.2 Ratio of facilitator to participants
- 3.3. Flexibility of the programme
- 3.4 Facilitator guidelines, handouts and worksheets

3.1 What skills does the facilitator need?

The facilitator must have training in group work and addiction in order to run this programme. They should be able to:

- effectively manage group discussions
- have a good understanding of group dynamics
- communicate new concepts
- respond to questions posed by group members
- think on their feet and facilitate unplanned group discussions
- have the ability to develop good, supportive relationships with group members
- handle conflict
- have experience and a good understanding of addiction work
- handle congruence
- display empathy
- be patient
- show unconditional positive regard
- display an awareness of cultural sensitivities
- maintain a high level of group leader focus

Before embarking on delivering the programme, the facilitator will need to become familiar with the programme and fully understand the concepts being put forward. They should:

- **read the complete Reduce the Use 2© manual thoroughly**
- **understand the exercises, handouts and worksheets**
- **clarify any outstanding queries**

SAOL will be happy to clarify anything for you – please feel free to contact us at admin@saolproject.ie

The more familiar you are with the programme, the more confidence you will transfer to the participant.

3.2 Ratio of facilitator to participants

Ideally two facilitators should be assigned per group but SAOL recognises that this may not always be possible within limited project resources.

However in SAOL's experience we recommend that if the group size is more than six participants, then two facilitators should be assigned. Both facilitators will need to be complimentary and need to set aside adequate space for reflection and review outside of the programme.

Bear in mind that if reading and writing is an issue for some participants, assistance will also need to be on hand to help with written work.

3.3 Flexibility of the programme

The facilitator will need to display a high degree of flexibility as each module will present new ideas, information and challenges. A competent facilitator will know how to read the mood of the group and how to adjust the module and exercises accordingly.

Remember that the **Reduce the Use 2©** manual is given to you as a guideline only and you must determine the appropriate focus given the make-up of your group and its environs.

The notes in this manual, while comprehensive enough to allow you to frame and deliver each module, cannot replace the important skills of being able to respond dynamically to emerging group issues and discussion.

3.4 Facilitator guidelines, handouts and worksheets

The facilitator Guidelines, Handouts and Worksheets in this pack will help the facilitator to keep the programme focused and on track. Each module includes:

> ***Facilitator guidelines*** *– these will take you step by step through the module and provide notes to assist you*
> ***Handouts*** *– these will aid the learning and should be photocopied for the participant's retention*
> ***Worksheets*** *– these are provided for the participant to write into and should be photocopied as needed*

The modules are timed around an average group of six members (using our own experience) but they can of course be adjusted to suit your group. Facilitators should feel free to adapt the exercises to the needs of their group while ensuring that the main concepts are covered.

During each exercise, it is important to regularly check that the group understand the information presented and you do this by asking them.

SECTION 4

Getting Started

This section explains, in detail, the practical structure of the modules and the materials required to deliver them. It also explains how the Handouts and Worksheets are referenced for ease of use.

Remember that the pack is designed to be photocopied for use and the original should be retained by the agency/project for ongoing use

This section covers:

4.1 Module Structure

Each module follows a similar structure with a standard beginning and end. The module begins with a group ***check-in*** and ends with a group ***check-out***.

While each ***check-in*** is related to the content of that particular module, they help give the facilitator an opportunity to check the mood of the group that day. They also get everybody talking immediately and generate a sense of group togetherness as well as acting as a short, separation technique from the external environment.

Check-outs can give the facilitator an opportunity to gain feedback and/or an opportunity for participants to reflect on the learning that took place. Examples of these ***check-in*** and ***check-outs*** are given in the Facilitator Guidelines for each module, but feel free to use your own ones as preferred.

Each module allows time for reflection on participants **Drug Diary W❶3** and also includes some time for participants to write a **Safe Plan W❶4** in between attending modules.

The modules will vary in length but generally speaking they are no more than three hours in total (which includes a midway break for tea/coffee). If you find that this length of time doesn't suit your group you may adjust the module content to rollover some of the inputs into the next module. A suggested timeline is included in this pack as a general guide to assist you when planning the module. Don't worry if you get through something quicker than expected or if it took longer to cover something else. Provided you keep within the broad parameters of the suggested timing you will get through the modules.

Please make sure, however, that you always cover the Drug Diary and Safe Plan aspects of each module.

4.2 Materials required

The course is designed to be simple and cost effective to run. Materials required are basic and include:

- Handouts (photocoped from this pack)
- Worksheets (photocopied from this pack)
- A Notebook and pen for each participant
- A folder for each participant to hold their Handouts, Worksheets and Notebook
- Flip Chart
- Markers
- Credit Card sized pieces of card paper (one each) for exercise in Module 7
- Award Certificates (photo-copied from this pack or feel free to design your own)
- Record of Attendance Certificates (photo-copied from this pack)

4.3 Explaining the Handouts

Handouts are there as a written back-up guide to the facilitator and participant in the explanations of the ideas and concepts covered in each workshop and as a permanent record for each participant to review.

Handouts are referred to throughout the programme and they are referenced as follows:

- Each handout begins with the letter **H**
- This is then followed by the module number
- This is then followed by its sequence in that module

For example, the Commitment Contract is given to participants during the first module and is the first handout of that module. Therefore it is referenced as follows:

H ❶ 1 Commitment Contract

All handouts appear in the Handouts Section at the back of this manual.

4.4 Explaining the Worksheets

Worksheets are there for participants to write into. They are part of the necessary cognitive behaviour intervention tools. Some will be written into during the group time and others will be written into at home.

Worksheets are referred to throughout the programme and they are referenced as follows:

- each worksheet begins with the letter **W**
- this is followed by the module number, e.g. ❶
- this is followed by the worksheet sequence in that module, e.g. **1**

For example, the Decision Making Diagram is given to participants during the first module and is the first worksheet of that module. Therefore it is referenced as follows:

W ❶ 1 Decision Making Diagram

All Worksheets appear in the Worksheets Section near the back of this manual.

4.5 Using the Flipchart

The use of the Flip Chart is important as a means of reflecting what the group are saying and as a record for review and evaluation at later stages. Some Flip Chart sheets will need to be retained and these are indicated by referencing as directed in the manual.

Flip Chart sheets which should be retained are referred to throughout the programme and can be referenced by the facilitator as follows:

- Each Flip Chart sheet for retention can be referenced with the letters **FC**
- This can then be followed by the Module number (e.g. **1**)
- This can then be followed by the Flip Chart sequence in that module (e.g. **2**)

Therefore, the Flip Chart sheet which records each member's expectations of the programme is recorded during Module One and is the second flip chart sheet to be retained. This can therefore be referenced as: **FC1.2**

Remember though – whatever reference works for you is the best one!

SECTION 5

S5

Assessing Readiness

5.1 Facilitator guidelines for assessment meeting

Welcome!

We recommend that before starting the course you meet with each participant on a one to one basis to assess their readiness for the programme and to determine if the person is an appropriate 'fit' for the group. We find that this usually takes between 45 and 60 minutes.

Welcome the client to the meeting and help them to relax e.g. you could offer them a cup of tea or coffee. Remember they are probably very nervous and it is your responsibility to put them at their ease. To get to this meeting, either themselves, a friend, a drugs worker, key worker or other person will have realised that they have a problem with their use of drugs or alcohol and they will have expressed a desire to do something to change it.

Whatever their circumstances you can assure them that they will learn something from taking part in Reduce the Use 2© that will change the way they think about their drug or alcohol use.

Remember - be warm and welcoming – it could be the start of a very fruitful relationship.

5.2 Drug / Alcohol use

During this meeting you will need to establish the type of drug or alcohol use the client is engaged in and which ones they want to reduce or stop.

As already mentioned, remember that some drugs (notably alcohol and tablets) may require medical support for detoxification and the facilitator should be fully aware of any dangers associated with abrupt cessation of such drugs and should strongly discourage this approach. We find it useful to have information to hand which explains the danger of abruptly stopping certain drugs. The HSE have a range of downloadable information leaflets which you might find useful (Guide to Substance Misuse for Medical Professionals) and can be found here:

http://www.hse.ie/eng/services/Publications/services/addiction/subabuse_part2.pdf

Another useful site for information is: http://www.drugs.ie/

If the participant wishes to stop using these drugs altogether, the facilitator, with their permission, should engage with the participant's medical/addiction team to agree the best way forward.

5.3 Assessment

Explain to the client that you will need some information from them so that you get a better idea as to whether the programme is suitable for them. Please remember to be sensitive, warm, empathic, considerate and non judgemental. The client has made a big step in accessing the programme and should be affirmed for taking this step. The manner in which you engage with the client during the assessment will help form the type of relationship you will have with them for the duration of the programme.

You may use the Sample Assessment Form attached to this section of the programme or use your own method of collecting information. In the case of the latter, please remember to cover the following areas:

- What are the motivations for coming to the programme?
- What do they expect to get out of the programme?
- Current type and extent of problematic drug or alcohol use (make sure to prompt client to cover all possible drug types including drugs like alcohol, cocaine, mephedrone, tablets, etc)
- Explain the overall aim of the course – to reduce or stop their drug or alcohol use through a process of self awareness and practical techniques
- What is expected from them in terms of commitment to attendance, engagement and reflection
- Stress the importance of client choice in determining their own goals in relation to drug or alcohol use
- Stress the importance of writing/reflecting as a technique for enhancing learning and the literacy supports available if required
- The course is designed for groups and they will be expected to respect the group's agreed rules
- Explain the Wheel of Change and ask them to select where they would currently place themselves on it
- Explain the supports available to them during the programme
- Explain dates, times, venue for the programme, etc

If the client is suitable for the programme, congratulate them and make sure to get all contact details so you can follow up quickly with information on the first module.

A sample letter is provided which you should feel free to copy and use to inform the Referrer of their client's acceptance onto **Reduce the Use 2©**.

If either you or the client feel that they are not suitable for the programme at this time, affirm them for making the contact and make sure that they understand why the programme is unsuitable for them at this stage and that they may apply again when they are more ready in the future.

5.4 SAMPLE ASSESSMENT FORM

Name: _____

Address: _____

Tel: _____ Date of Birth: _____

Referred by: _____

Contact details: _____

1. Drug Treatment Programme details – Name, address & contact

2. Why does client want to come onto Reduce the Use z© ?

3. Where does client place themselves on the Wheel of Change?

4. What do they hope to get out of taking part in Reduce the Use z©

5. What type of supports would you need to be able to attend the programme?

Childcare ❑
Literacy ❑
Other ❑

Details: _____

_____

_____

6. What drug(s) are you using on an ongoing basis ?

Description		Describe approximate Usage
Heroin	❑	_____
Methadone	❑	_____
Cocaine	❑	_____
Crack Cocaine	❑	_____
Tablets	❑	_____
Alcohol	❑	_____
Hash	❑	_____
Head Shop Stimulants	❑	_____
Other Stimulants	❑	_____
Other _____	❑	_____
Other _____	❑	_____

Notes: (Use back of page if necessary)

7. Is there one specific drug that the client would like to concentrate on reducing Yes ❑ No ❑

Explain: _____

_____

Client is deemed suitable for commencement on the Reduce the Use programme ❑

Client may be suitable for **Reduce the Use 2©**, but in view of risks associated with reducing/ detoxing from their chosen substance it is deemed appropriate to seek medical advice/ guidance as to the best way forward. (In this event, written permission needs to be sought from the client before contact can be made with their Drug Treatment Centre or Doctor) ❑

Client is not suitable at this time for commencement on **Reduce the Use 2©** ❑

Explain: (Use back of page if necessary)

Signed: _____ (Assessor)

Date: _____

5.5 SAMPLE ACCEPTANCE LETTER TO FEFERRER

Re: (Participant name and address)

Date: (Insert date)

Offer of a place on our Reduce the Use Programme

Dear (insert Referrer name)

Thank you for referring the above named to our **Reduce the Use 2**© Programme.

I am pleased to inform you that we met with your client today and have offered her/him a place commencing on (insert date)

We look forward to working with (insert participant first name) and hope that you will keep in touch with us as the programme progresses.

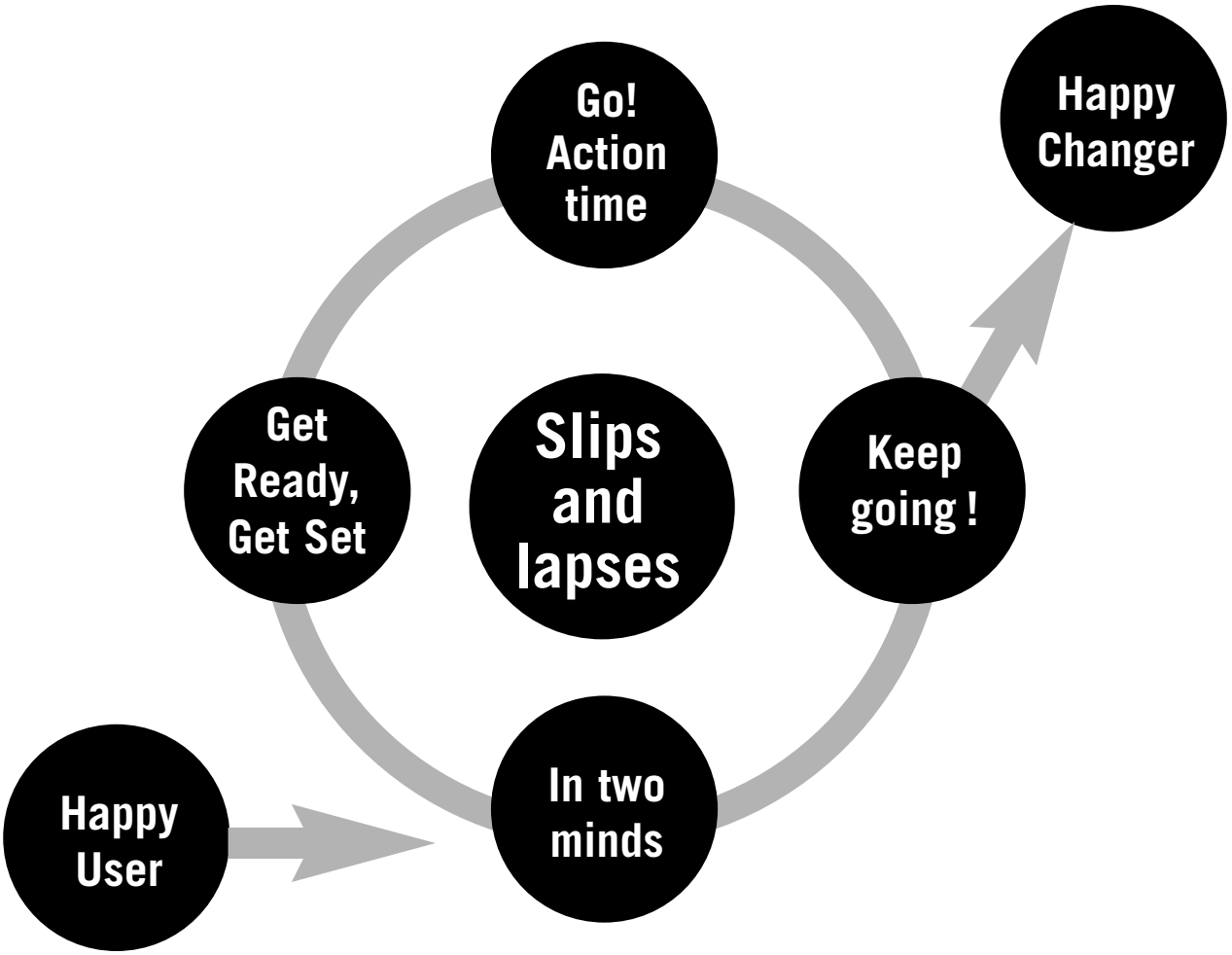
Kind regards

_____

5.6 The Wheel of Change Exercise

The Wheel of Change was developed to give a way of understanding the cycle of addiction.[35] The diagram below is an adaptation of the Wheel of Change and reflects the reality that relapse can occur at any stage. The diagram is simply a tool to understand the cycle of addiction and to help put a 'name' to the stage a client is at today.

Show the client the diagram[36] below and, with your help, agree where they would place themselves at this time in relation to their addiction.



35 **Stages of Change Model, James Prochaska and Carlo DiClemente**, University Rhode Island, 1983's
36 Adapted from the Change Model

5.7 The Wheel of Change Explained

Happy User

This would describe the client who is not thinking about change at the moment. They may be unaware that they have a problem with drug or alcohol use or they may have simply given no thought to the possibility of a change of behaviour. Their addiction is 'working' for them and the benefits of their drug or alcohol use far outweigh the difficulties it might be causing. They have no interest or inclination to change behaviour patterns.

In two minds

This is the point where the client begins to recognise that there may be a problem with their behaviour and are thinking about the possibility of change. Sometimes this stage can be forced upon them by a crisis such as a fight with a partner or friend, a problem at work which has arisen because of a drug issue, childcare concerns, ill health, etc. These moments of insight can come and go very quickly so it is important to seize the opportunity and make the most of it when it arises.

Get ready, get set

This is when the client decides to do something to change their drug or alcohol use and starts to put plans in place. Sometimes they might be determined to do something about their drug or alcohol use but can get scared or knocked back based on past experiences or if the reality of changing behaviour patterns is very difficult to contemplate. This planning stage can lead to action if the goals set here are realistic and attainable. For some people it might be impossible for them to see their way to achieving complete abstinence from their drug and alcohol use and therefore reducing their use can be a more realistic goal.

Go! Action time

This is when the client has started to put their plans into action and have either stopped or reduced their drug or alcohol use to a less harmful state. This is a difficult time in the process of change. Often a client can feel like they have lost their best friend or that life is never going to be the same again. At this stage it is critically important that the client will have gained the insights and tools to help them stay on track and this is where **Reduce the Use 2**© has the greatest impact.

Keep going!

This is the stage when it is most likely that you can make a permanent exit from the wheel and become a Happy Changer! As a general rule a person is said to have moved from the action stage to this stage after a period of about six months though this can vary from person to person. It is most important though that they continue to practice the new skills learned during **Reduce the Use 2**© to ensure that they remain safe from high risk situations.

Slips and Lapses

Slips and Relapses are not quite the same thing. It is possible for someone to have a 'slip', i.e. to return to using the drug or alcohol on a one off basis. If this happens and a client gets back onto the wheel of change immediately afterwards, then they can begin the work again. However frequent 'slips' can lead to a relapse and the client must be aware of the danger of allowing themselves to slip back. If the 'slips' become frequent and the client starts reverting to old behaviours and patterns of drug and alcohol use they can then be defined as suffering from a full relapse. Relapse can happen at any time during the change process but it is possible to recover from it and get back into the Action stage at any time.

5.8 Course Information Handout

What is the programme about?

This programme is designed for you. It will create a self awareness in you that will help you understand your drug/alcohol misuse and what causes impulses to use. By becoming more aware of how you think, you will learn how to control those impulses and make positive changes to your life. This course will help you to learn how to reduce and/or stop your drug or alcohol use. The course aims to build on your strengths and teach you some tips on how to change the way you think about yourself and your drug or alcohol use.

Who is it for?

This programme is for anyone who is having problems with their drug or alcohol use. It doesn't focus on any one particular drug but rather it focuses on giving you the means to reduce, refuse or stop taking whatever drug or drugs are causing problems for you in your everyday life.

What if I am not ready to stop?

This programme aims to help you reach your own goals in relation to your drug or alcohol use. You may decide that you wish to continue using drugs or alcohol in the same way, you may decide that you wish to reduce your consumption of drugs or alcohol or you may decide to stop using drugs or alcohol completely. The choice will be yours and the programme will support you in those choices.

How long should I expect to be on this Programme?

Expect to be on this programme for approximately 10 weeks – meeting once a week. Each module will last between two and three hours and will include a break for tea and coffee.

What is expected of me?

- You will need to commit to attending and taking part in each group meeting
- You will be encouraged to keep a diary of your drug and alcohol use between each meeting

Don't worry if you have any concerns about reading or writing.

We will help you with this.

INTRODUCING THE CONCEPTS

M1

Aim

- To get to know each other
- To establish ground rules
- To establish commitment to the course
- To re-explain the basic ideas behind the course
- Understand that actions can occur consciously or sub-consciously
- Establish current drug or alcohol use

Materials Needed

- Large notebook and pens for each participant
- Folder for each participant to store handouts, etc
- Flip chart paper & marker for noting discussions.
- Copies of Handouts **W❶1**, **W❶2**, **W❶3**, **W❶4** and **W❶5** for each participant
- Copies of Worksheets **W❶1**, **W❶2**, and **W❶4** for each participant
- Ample copies of the Drug Diary worksheet for participants **W❶3**
- Copy of Module ❶ Signing in Attendance Sheet

Steps

		Approx guide minutes
1.	Check-in	10
2.	Introductions, motivations and expectations	30
3.	Reflecting on Overview of Course (Commitment Contract)	20
4.	Establish Ground Rules	20
	Tea / Coffee Break	**15**
5.	Explain the Process of Decision Making	30
6.	Establish Starting Point – Current Drug or Alcohol use Sheet	20
7.	Explain The Drug Diary/Journal	15
8.	Introduce the Safe Plan	10
9.	Check-out	5

1

FACILITATOR GUIDELINES

1. Check-in

- Ask the participants say how they feel about starting this course. Name any worries they have about it and write up comments on flip chart **FC1.1**
- Send around the signing in sheet

2. Introductions, motivations and expectations

- Ask each person to introduce themselves, why they are here and what they expect to get from the programme. **FC1.2**.

3. Introductions, motivations and expectations

- Ensure everyone has understood the participant information handouts from their assessment meeting. Clarify any points outstanding.
- Explain the commitment expected from each participant, i.e. in terms of attendance, engagement, etc and then ask each participant if they are happy to sign the Commitment Contract **H 1 1**

We have found that the following are important points to emphasise with the group:

- Highlight the important role of reflection, written work and practicing the new techniques. Learning new behaviours will be greatly enhanced with practice. Participants will be expected to complete a small amount of written work outside of the course hours.
- Attendance – highlight that each module in this course is important and participants should work towards attending all of the classes. If your agency is in a position to provide 'catch-up' sessions for anyone who could not attend one, then this should be explained. All participants who complete the course will receive a Certificate of Completion. Inform the participants that there will be a signing-in sheet at the beginning of every class.

4. Establish Ground Rules

Explain that all groups establish Ground Rules. These are an agreed way of working together and they will be displayed at all times during the Course Programme. We have included below some sample ground rules from previous courses to help initiate the discussion if needed.

Record the group rules on a flipchart **FC1.3** and display these at all times. Also we have found it useful to type them up separately and give a copy to each participant for their folder at the following module.

Some sample ground rules from previous groups we have run:

- Respect — Treat other group members respectfully — e.g. let people talk without interrupting
- Mobile phones should be switched off or put on silent during the programme. No one should take or make calls during this time.
- Confidentiality of the group should be kept (while this is something that all groups tend to aim for, no facilitator can absolutely guarantee confidentiality as they do not control the individual's behaviours. Therefore it is important to remind people of their personal safety and security when making disclosures)
- Good time keeping – the group should agree the time of their breaks and should discuss why time keeping is important to the group as a whole.

5. Explain the Process of Decision Making

Explain to the group that you are going to use the assistance of some example diagrams to help explore the thought processes that begin before the action of actually taking drugs or alcohol. In the Handout section there are three sample Handouts on Decision Making which explain these processes of thoughts turning to actions **H 12**, **H 13** and **H 14**. Feel free to generate your own examples as appropriate.

Give each group member copies of these handouts to help stimulate discussion.

Explain and discuss with the group each part of the diagram, by raising the following points:

- **Trigger**

  A trigger is something that sets off the desire to use. Get the group to list some common triggers; these are often described under the categories of people, places and things. Write up every trigger listed by the group members up on a flip chart.

- **Automatic Thoughts**

  This is the first thought that comes into someone's mind in response to a trigger. Ask the group to call out what drug using thoughts they may have when faced with a trigger. For example, when you see an ad on television for a delicious chocolate bar, often the first thought that jumps into your head is that you want one. This is what can be described as an automatic thought.

  Automatic thoughts will often be based on something that is not real but is a learned response to a situation. With a bit of practice this response can be changed and this is what the participants will learn in the next few modules.

- **Craving**

  This is an intense desire to use.

  Get the group to discuss the compulsions behind their cravings. Is there a physical reaction, is there a psychological reaction?

  Tell the group that the programme will cover ways of dealing with cravings other than using drugs.

- **Permissive beliefs – Giving Yourself Permission to Use**

  This is the voice in someone's head that says: "It's alright to use" "I deserve it" "It's alright I can handle it" etc.

  Get the group to give some examples of beliefs that they think give them permission to use.

- **Consequence**

  There are both long term and short term consequences of the decision to use. Get the group to give some examples of both.

Discuss with the group their own examples of decision making processes. Ask them to fill in Worksheet **W 1 1** with their examples.

Discuss the examples with the class; focusing particularly on the role of automatic thoughts and permissive beliefs as these will form the basis of the next couple of modules. Tell your group that over the course programme they will be learning practical skills to change their learned behaviours at each point on the decision making diagram.

6. Starting Poing – Current drug or alcohol use sheet

Give out Worksheet **W 1 2**. Ask the group members to fill in their current drug situation on this sheet. This information is confidential and will be held by the facilitator. Once these are completed the facilitator should collect them and keep them safely in a folder for the next module.

7. Explain The Drug Diary

Hand out Worksheet **W 1 3** to each participant. They will need enough copies to last for a week or until the next planned module. Between now and the next module participants will need to complete the drug diary themselves. If they need help with this, arrange a suitable time and place to meet up with them in between group modules. This is their own personal record and will be useful as time goes by to help identify triggers and patterns to their drug or alcohol use. Explain this sheet to the group and its importance.

8. Introduce the Safe Plan

Explain to group members that each module will end with the participants taking a few moments to reflect on how they will commit to keeping themselves safe until they next meet. This could range from harm reduction techniques to drug avoidance techniques and each person will have different aims. Give everyone a copy of an example Safe Plan **H❶5** and ask them to take a moment to go through it. Answer any questions that might arise. Give everyone a copy of their Safe Plan Worksheet **W❶4** and ask them to write at least one way in which they will reduce the harm to themselves or stay drug or alcohol safe until the next meeting. They can share this information if they desire with other group members just prior to the check-out.

9. Group Check-Out

Ask the group:

"What are you most looking forward to in the programme at this point?"

Finish by positively affirming each group member for starting this journey and tell them how much you are looking forward to seeing them engage with the rest of the programme.

1

MODULE SIGNING IN ATTENDANCE SHEET

Date: _____ Facilitator(s) _____

Name

THE ROLE OF THOUGHTS AND BELIEFS – Part 1

M2

Aim

- To gain an understanding of how negative beliefs and thought patterns can lead to drug or alcohol use.

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Copy of Handout **H ❷ 1** for each participant
- Ample copies of the Drug Diary worksheet for participants **W ❶ 3**
- Copy of Worksheet **W ❶ 4** Safe Plan
- Photocopy of Module ❷ Signing in Attendance Sheet (attached)

Steps

		Approx guide minutes
1.	Check-in with group and explain the module	5
2.	Reflection on Drug Diary	10
3.	Introduction to module	5
4.	Being aware of decision making	40
	Tea / Coffee Break	**15**
5.	Explain the Role of Negative Thoughts and Beliefs	25
6.	Homework – Drug Diary	10
7.	Safe Plan	5
8.	Check-out	5

2

FACILITATOR GUIDELINES

1. Check-in

- Ask the participants to turn to the person on their right and say something positive about them.
- Send around the signing in sheet.

2. Reflection on Drug Diary

Ask participants to reflect on their Drug Diary. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their trigger situations?
- Have they noticed any pattern to their automatic thoughts?
- Have they noticed any pattern to their feelings?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator as it may help others who are having difficulty identifying patterns. Encourage each member to continue with their Drug Diary throughout the duration of the programme.

3. Introduction

Briefly explain the module ahead and how they will gain awareness of how they make decisions and how negative beliefs and thought patterns can underpin their drug or alcohol taking.

4. Being Aware of the Decision Making Process

This section explains how decision making can happen automatically without us being aware of all the steps involved. Changing gears in the car, making a call on your mobile phone or lighting a cigarette are good examples of this. Most people who smoke will have, at times, found themselves half way through a cigarette without consciously being aware of taking it out of the packet, finding their lighter and lighting up. The more often you do something, the less conscious awareness you have of the action. It becomes a sort of 'second nature' to us.

Role play the action of making a call on a mobile phone with the group. This is an action that most of us don't actually think about. If it's someone we are used to calling, it becomes a series of unconscious automatic actions leading to the call being made.

However if this were a new mobile phone or you were doing it for the first time you would need to pay attention to the steps involved. Get the class to come up with all of the steps involved in dialling a number from their mobile phone and write these up on a flip chart

Example Steps in making a call from a mobile phone

- Think that you want/need to make that call
- Decide that you will make it
- Find your mobile phone
- Find the button for your contacts
- Scroll through your contacts for the name of the person to call
- Select their number
- Press dial button and connect

Quick Exercise

Get everyone to work with the person next to them to come up with a few tasks/situations of their own where an action is so familiar it can almost be done on auto pilot. Possible examples could include; lighting a cigarette, making a cup of tea, getting money out of an ATM machine.

Ask each pair to break down the steps involved in their chosen task and after they have done that ask them to separate those steps that are Thoughts and those that are Actions.

Bring the group back together and ask how they found the exercise. Explain that one of the key elements of the programme is paying attention to the steps involved in drug taking and then learning how to interrupt those steps before they become actions.

5. The Role of Negative Thoughts and Permissive Beliefs

Give each participant a copy of Handout **H❷1**

By using **H❷1** as an example, explain the role of a person's negative thoughts and beliefs and how they can lead to feelings of inadequacy which can in turn lead to automatic thoughts and permissive beliefs. Permissive beliefs can be described simply as a pattern of thinking that gives a person *'permission'* to take an action, e.g. *"I can handle taking drugs this once'* or *'I deserve to be happy'*.

Discuss with the group if they can identify with any of the thoughts/beliefs in the example. Through discussion and recognising the association between the initial thoughts/beliefs and the ultimate action, the group will learn that by changing their initial negative thoughts and beliefs into more positive ones, they can have an impact on their drug or alcohol use.

Quick Exercise

Personal beliefs

- Ask the group to come up with some examples of negative thoughts and beliefs that they have felt. These can be negative emotions about yourself, your situation or your future. Write the responses on a flip chart.

- Remember to explain that beliefs can be true or untrue. We can very often believe things about ourselves simply because we have endured unfair criticism in the past or have been victims in an emotionally abusive situation. Perhaps we have never really looked at our beliefs and asked ourselves if they are really true. Are they really

deserved? Get the class to look at the examples on the flip chart. Are they true or untrue? Discuss each belief.

- As the facilitator, you may need to play a supportive and motivating role with the participants when discussing whether negative thoughts are untrue or true. Strongly held beliefs can be difficult to shift and if we have believed something about ourselves for most of our lives, then it is hard to believe that these may in fact be untrue. For instance nobody is ever worthless or unlovable. No environment is ever 100% negative and peoples' future can be positive or negative depending on the choices that they make, the supports they have or the outlook they have.

- Some thoughts and beliefs may actually be true. For example 'My friends won't hang out with me if I don't drink or use drugs' If this is the case, they will need to look at the pros and cons of the situation and make decisions as to whether they want to change this situation and the implications for these changes. Perhaps they may want to reflect on these changes before the next module.

6. Homework

Participants need to continue to keep their Drug Diary up to date until the next module. You may want to use this space to allow members complete their diary if they haven't already done so. **H❶3**

7. Safe Plan

Ask each member to write in their Safe Plan Worksheet **W❶4** at least one way in which they will reduce the harm to themselves or stay drug or alcohol safe until the next meeting. They can share this if they desire with other group members just prior to the check-out.

8. Check-out

Ask the participants to name one negative belief about themselves which they feel may now not be true.

THE ROLE OF THOUGHTS AND BELIEFS – Part 2

M3

Aim

- To gain an understanding of how negative beliefs and thought patterns can lead to drug or alcohol use.

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Copy of Worksheet **W❸1** for each participant
- Ample copies of the Drug Diary worksheet for participants **W❶3**
- Copy of Worksheet **W❶4** Safe Plan
- Balloons
- Felt tip markers
- Safety Pin (or something sharp to burst balloons)
- Photocopy of Module ❸ Signing in Attendance Sheet (attached)

Steps

		Approx guide minutes
1.	Check-in with group and explain the module	5
2.	Recap on previous module	10
3.	Reflection on Drug Diary	10
4.	Introduction to module	5
5.	The Importance of Positive Thinking	20
	Tea / Coffee Break	**15**
6.	Personal Beliefs – Flow Chart	35
7.	Letting go of Negative Thoughts	10
8.	Safe Plan	5
9.	Check-out	5

3

1. Check-in

- Ask the participants in turn to name one thing that they learned from the last session on decision making.
- Send around the signing in sheet.

2. Recap from last session

Go through some of the key points from the last session to remind participants about triggers, automatic thoughts, permissive beliefs and outcomes.

3. Reflection on Drug Diary

Ask participants to reflect on their Drug Diary. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their trigger situations?
- Have they noticed any pattern to their automatic thoughts?
- Have they noticed any pattern to their feelings?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator as it may help others who are having difficulty identifying patterns. Encourage each member to continue with their Drug Diary throughout the duration of the programme.

4. Introduction

Introduce the module outline to the group, briefly explaining that they will gain awareness of the importance of positive thinking and how personal beliefs can lead to negative thoughts.

5. The Importance of Positive Thinking

This exercise is about getting the participants to explore how positive thinking can play a role in their decision to use drugs.

The two facilitators (or a facilitator and a volunteer) illustrate the role play as described below. They sit facing each other on two chairs. One facilitator is named as the negative person and the other positive. The two people conduct a conversation on any given topic, for example; their favourite movie, a summer day, their favourite TV show. **Person A** constantly says positive things and **person B** can only say negative things.

Example:

A – IT'S A GREAT DAY TODAY, ISN'T IT?
B – WHAT'S SO GOOD ABOUT IT?
A – REALLY? MORNINGS ARE MY FAVOURITE PART OF THE DAY
B – I HATE GETTING UP IN THE MORNINGS
A – BUT THE SUN IS SHINING AND THE SKY IS A BEAUTIFUL BLUE
B – I HATE THE SUN – CANT SEE A THING WITHOUT MY SUNGLASSES

Now get the participants into pairs to do a similar exercise. Ask them to swap roles, giving them a different topic.

Bring the group back together and get feedback on what it was like being in the different roles.

Prompt questions:

- What was it like in their role? How did it feel to be the negative/positive person?
- Can they identify with the roles?
- Can they see a link between negative thoughts and self beliefs?

The facilitator should ensure that the following points are covered in the group discussion.

- Negative thoughts can lead to negative personal beliefs
- Negative personal beliefs can lead to automatic thoughts and permissive beliefs
- Permissive beliefs give us the 'reason' we need to use

Tea / Coffee Break

6. Fill in the Personal Beliefs Flow Chart

Exercise

Give each person a copy of Worksheet **W ❸ 1** and ask them to fill in the flowchart with examples of their own personal beliefs. This is completed individually and should be a quiet time for the group. Some members may need help with this. The facilitator should check with participants that they understand the difference between their thoughts and beliefs.

Bring the group back together and ask how people felt about writing their own personal 'flowchart'. Did it make sense? At this point it would be good to highlight that by understanding their negative thoughts and beliefs, they are in a position to challenge themselves, and, with practice, change the way they think and feel about themselves.

7. Letting go of negative beliefs – The Balloon Exercise

Explain to the group that negative beliefs can be very powerful when we have inherited them. In other words, when they are carried from our childhoods and incorporated into our own belief system. Some examples of these could be having been told 'you'll never amount to anything' or 'you're stupid', etc.

This exercise will help the participants to let go of some of those negative thoughts and replace them with more positive ones.

Give each participant a marker and a balloon that has been blown up. Ask each person to write a negative belief about themselves that they want to let go.

The facilitator starts by asking for a volunteer who is ready to let go of their negative belief by bursting their balloon. The facilitator will check if the person is sure they are ready to let go of their negative belief. If so, they are then asked to state something positive to replace the negative belief. For example the negative belief 'I am stupid' can be changed to 'I am smart and can do anything if I put my mind to it'. At this point, the facilitator gives a pin to the participant and they are invited to burst their balloon. The tutor should go from person to person guiding them through this part of the exercise.

If a participant does not wish to burst the balloon, it is important to emphasise that letting go of negative beliefs can be difficult. They can be given the opportunity to burst their balloon at a later date.

8. Homework

Participants need to continue to keep their Drug Diary up to date until the next module. You may want to use this space to allow members complete their diary if they haven't already done so. **W ❶ 3**

9. Safe Plan

Ask each member to write in their Safe Plan Worksheet **W ❶ 4** at least one way in which they will reduce the harm to themselves or stay drug or alcohol safe until the next meeting. They can share this if they desire with other group members just prior to the check-out.

10. Checkout

Ask the participants to name one good thing that they like about themselves.

MODULE SIGNING IN ATTENDANCE SHEET

Date: _____ Facilitator(s) _____

Name

CHANGING OUR THOUGHTS

M4

Aim

- To demonstrate that thoughts and beliefs can be changed
- To learn how changing thoughts will result in having more control over actions

Materials Needed

- Flip chart paper & marker
- Participants folders and pens
- Handouts **H 4 1** and **H 4 2**
- Worksheets **W 4 1** and **W 4 2**
- Ample copies of the Drug Diary worksheet for participants **W 1 3**
- Photocopy of Module 4 Three Signing in Attendance Sheet (attached)

Steps

		Approx guide minutes
1.	Check-in	10
2.	Reflection on Drug Diary	10
3.	Introduction – Our Internal Dialogue	20
4.	Changing the Dialogue – Exercise 1	40
	Tea / Coffee Break	**15**
5.	Thinking positively and making changes	50
6.	Homework – Drug Diary	10
7.	Safe Plan	5
8.	Check-out	5

4

FACILITATOR GUIDELINES

1. Check-in

- Send around Signing in Sheet
- Ask the participants to think of a film or book where they would like to change the ending. What would they like the new ending to be?

2. Reflection on Drug Diary

Ask participants to reflect on their Drug Diary. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their trigger situations?
- Have they noticed any pattern to their automatic thoughts?
- Have they noticed any pattern to their feelings?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator as it may help others who are having difficulty identifying patterns. Encourage each member to continue with their Drug Diary throughout the duration of the programme.

3. Introduction – Our Internal Dialogue

Explain to the group that we all have what is called an internal dialogue or conversations going on inside our heads. We are constantly talking with ourselves. Day and night our lives are kept busy deliberating, evaluating, judging, contemplating, considering, denying, etc and it can be hard to stop it. Most people, in fact, aren't even aware of their internal conversations.

It's normal to have these internal dialogues going on but problems occur if these 'conversations' are full of negative thoughts and negative self belief. We are then in danger of only hearing negative thoughts about ourselves and these will influence what we think, what we believe and how we act as a result of those beliefs.

For example, it's difficult to imagine feeling confident if there is a voice in your head constantly shouting 'you're a waste of space, you can do nothing right, you're only a drug user, you're a failure'.

Quick Exercise

Facilitate a group discussion by asking members to reflect on some of the negative thoughts they have already discussed in the group in the previous modules. Do they have these thoughts often? Do these thoughts prevent them from doing things? Do these thoughts justify them doing things? Do they believe these thoughts or deserve these thoughts?

The next exercise will look at how to change these negative thoughts and beliefs.

4. Changing Negative Thought Patterns

The following exercise will help the group to acknowledge and modify their negative thought patterns.

Exercise

Give out Handout **H ❹ 1 – Dave's Story**. Read down through the handout with the group. Ask the group if they can:

- **Identify with all or part of the story**
- **Discuss their views on Dave's thought patterns**

In order for Dave to manage temptation better, he will need to change how he thinks in high risk situations. This can be described as changing his addictive thinking. Think of this like he is changing the end of his own movie. In order to do this, ask the group the following questions:

(a) **Is there any truth to the thoughts that Dave is having?**

(b) **Is this way of thinking helping him?**

Write up the group feedback on the flipchart if appropriate.

Tea/Coffee Break

5. Thinking Positively and Making changes

Exercise

Give each individual Worksheet **W ❹ 1**. Ask them to recall a situation where they ended up using drugs that they hadn't intended to. Ask them to fill in the worksheet with this situation in mind.

When they have finished, bring the group back together and ask them how the exercise felt.

- Do they want to share anything with the others in the group?
- Have they learned anything about how their thoughts might have contributed to them using?

Keep a copy of **Worksheet W ❹ 1** in the participants folder and write up any feedback on Flipchart **FC3.1** and retain.

Tips for changing your thoughts

Give each member **Handout H ❹ 2** and ask some members to read down through the steps. Remind them to retain this Handout so they can read it over again if needed.

Exercise

Today's final exercise will see the participants writing new thoughts, feelings, behaviours and consequences to Dave's situation. ***(You may like to write your own case study by using examples of different drugs or alcohol)***

Give each member a copy of **Worksheet W ❹ 2**. Ask the group to fill in the blanks by writing new, true, positive thoughts, etc. Facilitate the group to take these thoughts to their conclusion. The group may need a lot of support to do this exercise as it can be difficult to 'unlearn' learned behaviours. Remind them that practise will help with this.

Bring the group back together for feedback.

6. Homework **10 Minutes**

Participants need to continue to keep their Drug Diary up to date until the next module. You may want to use this space to allow members complete their diary if they haven't already done so. **W ❶3**

7. Safe Plan **5 Minutes**

Ask each member to write in their Safe Plan Worksheet **W ❶4** at least one way in which they will reduce the harm to themselves or stay drug safe until the next meeting. They can share this if they desire with other group members just prior to the check-out.

8. Check-out **5 Minutes**

Ask the group to come up with one way that they will change their thoughts over the next few days.

MODULE SIGNING IN ATTENDANCE SHEET

Date: _____ Facilitator(s) _____

Name

IDENTIFYING GOALS

M5

Aim

- To identify problems caused by drug or alcohol use
- To identify advantages and disadvantages of drug or alcohol use
- To enable participants decide whether they wish to
  - — Reduce their use
  - — Stop using a particular drug altogether **(bearing in mind the cautions advised with abrupt cessation of some drugs)**
  - — Continue on with their current level of drug or alcohol use

Materials Needed

- Flip chart paper and marker
- Participants folders and pens
- Copy of Handout **H❺1** for each participant
- Copy of Worksheets **W❺1**, **W❺2** and **W❺3** for each member
- Ample copies of the Drug Diary worksheet for participants **W❶3**
- Photocopy of Module ❺ Signing in Attendance Sheet (attached)

Steps

		Approx guide minutes
1.	Check-in	5
2.	Reflection on Drug Diary	10
3.	Identifying problems caused by drug or alcohol use	25
4.	Advantages and disadvantages of drug or alcohol use	30
	Tea / Coffee Break	**15**
5.	Decision time – setting goals	35
6.	Reality check using goal setting guidelines	35
7.	Homework – Drug Diary	10
8.	Safe Plan	5
9.	Check-out	5

5

FACILITATOR GUIDELINES

1. Check-in

- Send around Signing in Sheet
- Ask participants to name one goal they want to achieve over the next week.

2. Reflection on Drug Diary

Ask participants to reflect on their Drug Diary. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their trigger situations?
- Have they noticed any pattern to their automatic thoughts?
- Have they noticed any pattern to their feelings?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator as it may help others who are having difficulty identifying patterns. Encourage each member to continue with their Drug Diary throughout the duration of the programme.

3. Recognising Problems

Ask the group to look back over their Personal Thoughts and Beliefs flowchart from module three – **W❸1**

Remind the group how negative thoughts can lead to drug or alcohol use and how they have begun to already see that they can change these negative thoughts. Ask the group if they have had any opportunity to put their learning into practice and facilitate a discussion around the response.

This is an important module as it asks participants to think very clearly about their overall goal in relation to their drug or alcohol use. The questions they will face are:

- Do they want to continue with their drug or alcohol use as it is for the moment
- Do they want to reduce their drug or alcohol use
- Do they want to stop their drug or alcohol use

In order for the participants in your group to be able to make clear, informed decisions about the drugs that they are having problems with, they need to be aware of all aspects of their drug or alcohol use, both positive and negative. The facilitator will be aware of each participant's substance problems and they should be able to identify which drug they want to prioritise (for the goal setting exercise). In our experience most poly drug users will have one drug which is causing them more problems and which they want to reduce or stop first. We find that it is best to put the main focus on one substance at a time although there are no hard and fast rules about this. They can repeat the exercise for other drugs at another time.

4. Good and Bad Things

Exercise

Give out copy of Worksheet **W❺1** to each group member **'Good & Bad Things about using Drugs or Alcohol'**

Ask each member to complete the worksheet and once completed, ask each member to read out one good and one bad thing about their drug or alcohol use.

Encourage and facilitate a group discussion on the good and bad sides of using drugs and alcohol. Are there any similarities? Are there more good or bad sides?

Exercise

Give out copy of **Worksheet W❺2** to each group member **'Good & Bad Things about Reducing/Stopping Drug or Alcohol Use'**

Ask each member to fill in the worksheet and once completed, ask each member to read out one good and one bad thing about reducing or stopping their drug or alcohol use.

Encourage and facilitate a group discussion on the good and bad sides of reducing or stopping. Are there any similarities? Are there more good or bad sides?

Note to Facilitator

It is our experience that some participants find it difficult to recognise any bad aspects to reducing/stopping their drug or alcohol use. This may be because of their determination to change, the positive attitude of the group setting or their belief that they can do so 'easily'. Looking at the bad aspects to stopping or reducing drug or alcohol use can be a frightening thing to do and as the facilitator you may need to help the group to acknowledge the difficulties in the road ahead. This will help each member to be more prepared and aware of the dangers of relapse.

Use the following examples if necessary:

- Will you have too much spare time on your hands if your day is not spent trying to access drugs or using?
- Will you have to consider dropping certain friends and/or establishing new friends or social networks?
- Will you feel lonely, bored or isolated?

Tea / Coffee Break

5. Decision Time – Goal Setting **35 Minutes**

Exercise

Give each participant a copy of **Handout H❺1 – Goal Setting Guidelines**. Read through these guidelines with the group, ensuring that each member understands them.

Remember that Goals should be:

1. Clear –

It is not helpful for the participants to have very broad goals such as, "I am going to get my life together", as this is too vague. If goals are not specific and clear, participants will not be able to think of the steps they need to take in order to achieve them. Instead they should make clear and concise statements such as, "I am only going to use two benzos a day for the next week" or "I will drink two cans per day instead of four" or "I am not going to take extra methadone" or "I am not going to smoke hash again" or "I am not going to take cocaine again" etc.

2. Realistic

Participants should set goals that are realistic and that they can work towards achieving. They need to take into consideration their current circumstances, their environment and the role others play around them in their life. It is your role to give good direction with regard to this.

3. Timed

Encourage participants to give themselves target dates for their goals. For example if someone is aiming towards stopping a particular drug altogether, encourage them to set a date for reaching that goal. This will help them in setting out achievable steps during that time-frame.

At all times throughout this decision making process, emphasise that the participants are making their own choices i.e. that they are free to decide themselves if they want to continue, reduce or stop their drug or alcohol use.

6. Goal Setting

Exercise

Give each participant a copy of **Worksheet W❺1 – My Goals**.

Ask each member to complete this worksheet, using the learning of the previous discussion. Start by encouraging short term goals – targeting the next four to six weeks. As this is a personal exercise, participants can decide not to share these goals with the group although it is important to bear in mind that it can be beneficial to 'go public' about goals as it helps to reinforce them if other people are aware of them. Be flexible in this and be prepared to facilitate a group discussion if the participant desires. When participants have completed this worksheet, ask them to check that their goals meet the guidelines already discussed. Are they clear, realistic and timed? If they are satisfied then they should be given a photocopy of their goals and a copy kept in their folder as these will be needed for the next module. Each member of the group will work individually to identify their own personal goals and these will be different to others in the group. Be flexible here though and be prepared to facilitate a group discussion. We have found that some members are happy to share their goals with others and this often helps other members to clarify their thinking and goal objectives.

7. Homework

Participants need to continue to keep their Drug Diary up to date until the next module. You may want to use this space to allow members complete their diary if they haven't already done so. **W❶3**

8. Safe Plan

Ask each member to write in their Safe Plan **Worksheet W❶4** at least one way in which they will reduce the harm to themselves or stay drug safe until the next meeting. They can share this if they desire with other group members just prior to the Check-out.

9. Check-out

Get the participants to think of someone who they know or admire (child or adult) who has achieved a goal in their life.

Note to facilitators:

As a facilitator, you should review each members goals after the module to ensure that the participants understood the exercise fully. It is our experience that all members will have at least one goal for change and it is up to you to decide if the programme can continue to facilitate that goal. In the unlikely event that a member has expressed no desire for change, their ongoing participation on the programme will need to be reviewed so that the best way forward for them can be agreed.

5

MODULE SIGNING IN ATTENDANCE SHEET

Date: _____ Facilitator(s) _____

Name

PERSONAL ACTION PLAN

M6

Aim

- To introduce the Personal Action Plan

Materials Needed

- Flip chart paper and marker
- Participants folders and pens
- Copy of Handout **H❻1** and **H❻2** for each participant
- Flip chart sheet **FC3.1**
- Ample copies of the Drug Diary worksheet for participants **W❶3**
- Photocopy of Module ❻ Signing in Attendance Sheet (attached)

Steps

		Approx guide minutes
1.	Check-in	5
2.	Reflection on Drug Diary	10
3.	Review of "My Goals" Worksheet	15
4.	Personal Action Plan	40
	Tea / Coffee Break	**15**
5.	Personal Action Plan, cont	45
6.	Homework	10
7.	Safe Plan	5
8.	Check-out	10

6

FACILITATOR GUIDELINES

1. Check-in

- Send around the signing in sheet
- Get the participants to name one activity they like to do that does not involve using drugs. Write these up on **FLIPCHART FC5.1** and display

2. Reflection on Drug Diary

Ask participants to reflect on their Drug Diary. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their trigger situations?
- Have they noticed any pattern to their automatic thoughts?
- Have they noticed any pattern to their feelings?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator as it may help others who are having difficulty identifying patterns. Encourage each member to continue with their Drug Diary throughout the duration of the programme.

3. Review of 'My Goals' Worksheet

Give each participant a copy of their completed 'My Goals' Worksheet from the previous module **W❺ 3**. Ask them to read over and reflect on their goals and make sure that they are confident and happy about them.

Tell the group that they are now going to learn how to put an Action Plan in place that will help them achieve their goals.

4. Personal Action Plan

Step one – Stop and Think

Lead the discussion by explaining that people are much more likely to succeed in achieving goals if they have done some planning beforehand. This is because they will have thought about how realistic their goals are, what kind of problems they might come across, the ways they can get around these problems, the supports they might need in times of crisis or cravings, etc. The more thought put into this planning stage, the more they are likely to be prepared when they hit a problem. We find that using an analogy often helps.

For example, if you are going on a car journey across Ireland it makes sense to get hold of a map and plan the route you are going to take so that when you come to a certain town or city, you know what signs you are looking for to get to the next step of the journey. Ask group members to refer to their Drug Diaries and look at the triggers they have identified. It has been our experience that if participants have been attending the programme and recording their diaries regularly, they will be consciously aware of their triggers. Explain that when putting together their Personal Action Plan there are FOUR steps to follow and the module today will go through all of these steps and will give them the opportunity to write up their own Personal Action Plan. Give each member a copy of **Handout H❻ 1** and go through it with them. Explain to the group that it's important to give themselves a moment

to reflect and think if they are faced with a thought that could lead to them 'using'. Explain that it is normal to have thoughts of using. They **will** happen and these thoughts don't just 'switch off' automatically. The important thing is to **expect** them and to be ready and prepared to change them before they put you in danger of using.

Exercise

Give each member a copy of Handout **H 6 2** – Explain that this is a visual aid to remind them to STOP and think. Ask the participants to think about a common negative thought that they have about themselves. The facilitator might like to recall some of the previous statements made by participants about their negative thoughts.

Ask the participants to look at their handout – **STOP SIGN!** Ask them to interrupt this thought by calling out, in their head, the word **STOP!** They can repeat this as often as they like. In our experience some participants may want to share their negative thoughts and shout the word STOP out loud. That's fine and should be facilitated. The group can be encouraged to use more than one example. The important thing about this exercise is to get the participants used to associating the word **STOP** with the negative thoughts. Ask the group for feedback on this technique. Does it help? Do they think they can use it in real life? How did it feel?

Tea / Coffee Break

Step Two: Immediate Responses

When someone is tempted to use or finds themselves in an unexpected risk situation, it is very useful to have a mental list of 'immediate responses' that they can tap into. Ask the group to think of some common triggers and some possible responses to these, i.e.

- **"WHEN THE THOUGHTS/CRAVINGS ARE VERY STRONG, I NEED TO GO TO AN NA MEETING"**.
- **"IF I'M TEMPTED TO SCORE, I NEED TO TALK TO MY BROTHER. HE WILL SORT ME OUT AND I KNOW I WON'T SCORE THEN.**

You may wish to write these on a flipchart. Make sure that each participant has their own mental list of 'Immediate Responses'

Step Three: Long Term Alternatives

It is important, when trying to reduce or stop drug or alcohol use, to find something else interesting to do to distract yourself. Feeling bored, isolated and lonely can be powerful triggers and can lead back to old behaviours and habits.

Being aware that these feelings are natural and happen to everybody will help each person to understand and prepare for them.

Exercise

Ask the group to name as many possible alternative activities that they could do to either deflect these feelings or to deal with them when they come over them. Refer to **FLIPCHART FC5.1** and add to this. Type up this feedback and give each participant a copy at the next module.

Step Four: Rewards

Explain to the group that it is very natural to feel that they deserve a reward for doing so well at reducing or stopping their drug or alcohol use. Rightly so! However there is a danger that the reward could end up being the drug itself and this is a very common reason for

relapse. Explain that what they are going to do is to write some alternative rewards that would work for them.

Exercise
Ask the group to call out ideas for the kind of rewards that might work for them. Write these up on **FLIPCHART FC5.2** and encourage the group to write them into their notebook. Type up this feedback and give each participant a copy.

7. Homework

Participants need to continue to keep their Drug Diary up to date until the next module. You may want to use this space to allow members complete their diary if they haven't already done so. **W ❶ 3**

8. Safe Plan

Ask each member to write in their Safe Plan Worksheet **W ❶ 4** at least one way in which they will reduce the harm to themselves or stay drug safe until the next meeting. They can share this if they desire with other group members just prior to the check-out.

9. Check-out
Ask the participants to name the most helpful thing they learned from this module

MODULE SIGNING IN ATTENDANCE SHEET

Date: _____ Facilitator(s) _____

Name

REFUSAL SKILLS

M7

Aim

- To impart skills to participants on tips and techniques for safe refusal skills

Materials Needed

- Flip chart paper and marker
- Participants folders and pens
- Copy of **Handout H❼1** for each participant
- Copy of **Worksheet W❼1** for each participant
- Ample copies of the Drug Diary worksheet for participants **W❶3**
- Photocopy of Module ❼ Signing in Attendance Sheet (attached)

Steps		Approx guide minutes
1.	Check-in	5
2.	Reflection on Drug Diary	10
3.	Identity Trigger Situations	15
4.	Learning Refusal Skills	25
5.	Refusal Techniques	20
	Tea / Coffee Break	**15**
6.	Role Play / Group Feedback	60
7.	Homework	10
8.	Safe Plan	5
9.	Check-out	10

7

FACILITATOR GUIDELINES

1. Check-in

- Send around the signing in sheet
- Ask one person to start off by extending an invitation to the person on their left to go somewhere or do something. The person must refuse by starting with the words 'Thanks very much but….." The rules are they must be polite, clear and aim not to offend. Then that person invites the next person somewhere, etc. Repeat until all have had a chance to refuse. We find that it is useful for the facilitator to be the first one to refuse so that they can help set the tone of the exercise

2. Reflection on Drug Diary

Ask participants to reflect on their Drug Diary. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their trigger situations?
- Have they noticed any pattern to their automatic thoughts?
- Have they noticed any pattern to their feelings?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator as it may help others who are having difficulty identifying patterns. Encourage each member to continue with their Drug Diary throughout the duration of the programme.

3. Identity Trigger Situations

Ask the members to break up into pairs and identify one example each of a trigger situation which could happen unexpectedly i.e. where they would need to use their refusal skills. Get them to think about:

- Where it would happen?
- Who would be there?
- Any other things which would make the situation difficult, i.e. your best friend is offering you drugs

Bring the group back together and get feedback. Write these up on a flipchart and display as they will be needed further on in this module.

4. Learning Refusal Skills

Explain to the group that many drug taking behaviours or habits have been learned by being practiced over and over again. Ask the group to consider how long they have been involved in using drugs and reflect on how deep those habits will have become. We are all comfortable with familiarity. We have learned how to respond in the environment we know and this is our comfort zone.

If one is determined to change these behaviours or habits, it is necessary to practice new ways of relating to people and situations. This module is about starting to practise new ways to respond to trigger situations.

Exercise

If there are members in your group who have had 'clean time' ask them to share with others how they found the experience of refusing drugs.

Prompt questions

- What did it feel like?
- Were they nervous, anxious?
- Did they fear rejection?

If there are no members in your group who have experienced 'clean time' prompt the discussion to ask them if they have used drugs ***everytime*** they have been in a trigger situation? In our experience it would be most unusual, if not impossible, for someone to use drugs every single time they were confronted with a trigger or negative thought or craving. What stopped them from using? Lack of money? Fear of consequences? Worried for their health? Non-availability of the drug?

Most people will have decided at some point not to use drugs but don't often see it as a refusal. As the facilitator it is important that they identify what worked for them and how they can capitalise on this in the future. For example, if lack of money was the motivation for not using, then how can they make sure that they do not hold spare cash on them or have easy access to spare cash?

Give each participant a copy of **Handout H 7 3** – Tips for Refusing. Ask each member to read through them and then each person is asked to read one of them out loud in the group.

5. Refusal Techniques

Exercise

Give each participant a copy of **Worksheet W 7 1**. Ask them to think of an example when they refused drugs successfully. There is room for two examples on this worksheet and they may like to include a second.

(If a participant cannot immediately think of a time they have refused drugs or walked away from a high risk situation, help them by asking them if there was any time when they took a break from drugs. How did they do this? What were they thinking at the time? Who were they with? What stopped them?)

Next ask them to think about what they did to avoid using the drugs. Did they simply refuse and say no? Did they say they were in trouble with some authority, i.e. courts, social workers, doctor, and couldn't take the risk? Did they come up with another excuse? Ask them to write down what they did on their Worksheet.

Tea / Coffee Break

6. Role Play / Group Feedback

Exercise

Bring the group back together and ask if someone would like to share a refusal tip that they wrote in their worksheet. Ask them to share how it felt for them. Was it difficult? Did they feel uncomfortable? Did they feel good? Record these Refusal Tips on Flipchart **FC6.1**. Display and retain. Type these up later and print them out as a handout for the next module.

From the list on **FC6.1** ask the group to select a Refusal Tip that they would like to role play in the group.

The role play can involve as many people as is needed for the situation. Ask for volunteers to play the two main parts – i.e. the person refusing drugs and the person(s) offering drugs. Remind them that this is a role play and they will be taking on character parts.

Those who are not playing characters will act as observers and will give feedback.

Steps are as follows:

- Decide on the situation and the refusal tip
- The person practicing their refusal skills assumes the role of the director -
- They are going to direct the other characters by telling them what to do and say.
- They may get the actors to say a few practice lines in character.
- The director can give them a few pointers to help them to act more like the character/s.
- The facilitator should prompt the director by asking questions such as 'is that how the character sounds and acts'? The more realistic it is for the director, the more they will learn from the experience.

- *The role play begins once the director is happy with how the characters are playing the roles. The director assumes their own role in the situation.*
- *The facilitator needs to instruct the actors to make the role play as real as possible.*
- *The facilitator should end the module when the main character has had an opportunity to use their refusal skills and walk away.*

The facilitator asks the actors to come out of character and 'back into the room'. The actors should be given an opportunity to feedback as to how the role play was for them.

Next, ask the observers for their feedback. You might find the following guidelines useful:

- Could they identify with the situation?
- What was positive about the role play?
- Could they suggest any improvements on the refusal techniques?

The facilitator should use the 'tips' covered in **Handout H 7 1** to feedback on the role plays, i.e. did they make direct eye contact? Did they close the door on future offers?, etc

Repeat the role play as many times as possible within the hour, using different situations that the group have identified on **FC.6.1**

7. Homework

Participants need to continue to keep their Drug Diary up to date until the next module. You may want to use this space to allow members complete their diary if they haven't already done so. **W 7 3**.

8. Safe Plan

Ask each member to write in their Safe Plan Worksheet **W 7 4** at least one way in which they will reduce the harm to themselves or stay drug safe until the next meeting. They can share this if they desire with other group members just prior to the Check-out.

9. Check-out

Ask the participants to name a song that best describes their mood right now.

MODULE SIGNING IN ATTENDANCE SHEET

Date: _____ Facilitator(s) _____

Name

CRAVINGS AND SOCIAL SUPPORT SYSTEMS M8

Aim

- To understand the experience of craving and to convey the nature of craving as a normal, time limited experience
- To identify craving triggers
- To give practical techniques on how to move through a craving
- To identify appropriate support systems

Materials Needed

- Flip chart paper and marker
- Participants folders and pens
- Copy of **Handout H8 1, H8 2,** and, **H8 3** for each participant
- Copy of **Worksheet W8 1** for each participant
- Typed up list of refusal skills (FC.6.1) from last module
- Credit card sized piece of cardboard for each participant List of relevant Social Support Agencies and phone numbers (e.g. Samaritans, Drug Help lines, etc)
- Ample copies of the Drug Diary **W8 3**
- Photocopy of Module 8 Signing in Attendance Sheet (attached)

Steps

		Approx guide minutes
1.	Check-in	5
2.	Reflection on Drug Diary	10
3.	What are cravings?	40
	Tea / Coffee Break	**15**
4.	How to recognise a craving	30
5.	Managing cravings in the future	30
6.	Social Support Systems	30
7.	Homework	10
8.	Safe Plan	5
9.	Check-out	10

8

FACILITATOR GUIDELINES

1. Check-in

- Send around the signing in sheet
- Ask participants to state one thing they would say to a friend who confided in them that they were having cravings for a drug they had not used in a while

2. Reflection on Drug Diary

Ask participants to reflect on their Drug Diary. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their trigger situations?
- Have they noticed any pattern to their automatic thoughts?
- Have they noticed any pattern to their feelings?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator as it may help others who are having difficulty identifying patterns. Encourage each member to continue with their Drug Diary throughout the duration of the programme.

3. What are 'Cravings'

Explain to the group that the word 'craving' is used a lot by people without much thinking as to what it actually is. For some members of your group, the term craving will mean one thing and for others it will mean something completely different.

While cravings for different drugs might produce different physical effects on the body, the impact tends to be the same – they produce an intense longing or need to use the drug. In our experience many of our participants say that they sometimes take a certain drug or drugs because of habit or boredom or simply because it was available. They didn't experience an intense 'craving' in that sense – but they did experience the urge or 'need' to take the drug. Sometimes they will take the drug to avoid the craving.

Cravings are a completely normal part of the process of reducing or stopping drug or alcohol use. They should be expected and there is no need to fear them. They can happen at any time and will be different from person to person. The important thing to get across to your group is that they will pass. They can learn how to cope with cravings.

Cravings tend to happen in two ways:

Sudden onset

One can experience sudden onset cravings which can be brought about by being in a high risk trigger situation. These can be intense moments of wanting to use the drug or drugs which can put the person at risk of using. With practice, you can learn how to avoid these situations in the first place but in the early days they can sometimes catch you unaware. Sudden onset cravings or urges can be triggered by things around you that remind you of using drugs. It may be a song you hear on the radio, a smell, an object you see or a feeling that you are having. These cravings can appear long after you have ceased to use the drug and may take you by surprise.

Ongoing urges

Other types of cravings can be best described as an ongoing gnawing feeling in the pit of your stomach that you believe can only be satisfied by using the drug. These urges or cravings will be stronger during the early stages of reducing their drug or alcohol use and will lessen over time.

What do cravings feel like?

Depending on the type of drug, cravings can cause different reactions. They can have a physical and psychological effect.

Most drugs can produce physical and well as psychological cravings. Drugs such as opiates, benzodiazepines and alcohol will cause physical withdrawal symptoms and should be reduced slowly and, depending on history of previous use, with medical supervision. Other drugs such as cocaine, crack cocaine and other stimulants will cause strong psychological cravings.

Exercise

Give the group a copy of **HANDOUT H 8 1 – SYMPTOMS OF WITHDRAWALS** Using this handout, go through the list of withdrawals from the various drug groups. If your group members have been chronic poly drug using for some time, they will need to know what to expect if they start reducing their use. Withdrawal symptoms can be minimised by slow reduction.

Ask your group to comment on the list and if they can identify with these descriptions. Ask if they have any other experiences. Record any additions on the flipchart.

Exercise

Give your group a copy of **HANDOUT H 8 1 – UNDERSTANDING CRAVINGS** Using this handout, go through it with the group. We have found that it is useful to ask each person to read out one statement from the list. When they have finished ask the group if they recognise any of the signs. Are there other ones they want to add? Use the flipchart to record discussion and ask them to write any additional ones on their handout.

Tea / Coffee Break

4. How to Recognise a Craving

Get individual group members to think of the last time they experienced a strong craving or an urge to use.

While thinking of this situation ask them to think about what triggered this craving. Encourage them to write any notes in their notebook.

Here are some prompting questions which you might like to pose:

- Was it someone they saw?
- Was it something they smelled?
- Was it something they heard?
- Was it something they felt?

When they have finished, remind them that cravings can be managed and the next thing they are going to do is to look at ways of managing them. Lots of people have cravings and get through them. It can be done. They will most likely have gotten through many cravings in their time.

5. Managing Cravings

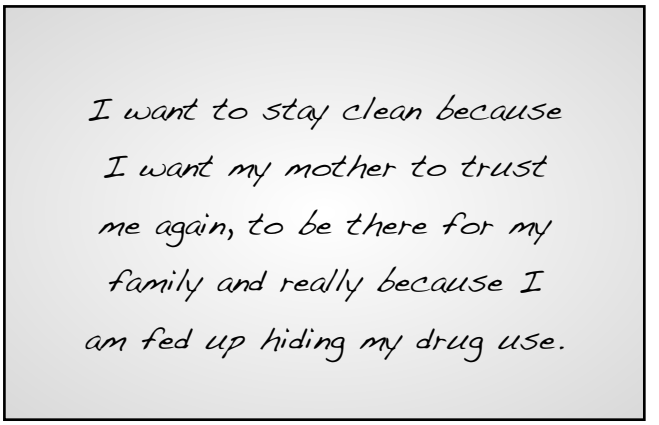
Give the group a copy of **Handout H 8 3 – Six Steps to managing Cravings** Read through them and discuss with the group.

Affirmation Card Exercise

Using their notebooks, ask each participant to write down some ideas for an affirmation statement that will help them stay motivated, especially if they are experiencing a craving or a desire to use. When they have finished writing down their ideas, help each participant to put together a strong statement that they are happy with and that means something special to them. The following are some possible affirmation statements to help the facilitator prompt participants if needed:

My family will be so proud of me
I feel stronger every day
I am very proud of myself
I am very much stronger than I thought

When each person is happy that they have written the statement they like best, ask them to transfer this to their credit card sized card so that they can carry it around in their wallet or purse as a reminder of why they have reduced or stopped their drug use. The card could look something like this:



6. Your Social Support System

A social support system is a network of people or organisations that you can turn to when you need help or support. It can consist of family, friends, loved ones, professionals and agencies that you turn to when you just need a 'chat' or when you are feeling lonely or experiencing cravings, etc.

Using drugs can have a negative effect on a person's support system i.e. the people around them that are normally willing to support them through difficult times. Family members, partners and friends can often be annoyed and frustrated with the person for wasting their life using drugs and all the trouble that resulted. This can reduce down the amount of positive supportive people that participants feel they have in their lives.

Some people in the group may have more people in their network than others but it's important to stress that its quality and not quantity that counts. Also using their supports wisely will enhance the support benefits.

Exercise

Write the phrase 'Social Support System' on the flip chart. Ask the group to brainstorm the type of people and agencies that could be a support to someone. Make sure to include:

- Immediate family members
- Extended family members
- Partners / friends
- AA or NA sponsors/members
- Doctors, counsellors, support agencies and organisations
- Key workers or drug workers

Explain to the group that you are going to ask them to identify their own Personal Social Support System. Encourage them to consider carefully the appropriateness of the individuals that they wish to include in their personal support system. Naming someone who is not in a good position to support them at this time will defeat the purpose of the exercise. Give the group a copy of **Worksheet W 8 1** and ask the group to complete the sheet. If anyone is having difficulties identifying supports, encourage them by making some suggestions. Can you or your agency be a support for them? Have some helpline numbers available e.g. AA, NA, Samaritans, etc. The group should be encouraged to share their list of agencies as others might benefit from that knowledge. Give each member a copy of their completed worksheet so that they will have it to hand at all times.

7. Homework

Participants need to continue to keep their Drug Diary up to date until the next module. You may want to use this space to allow members complete their diary if they haven't already done so. **W 8 3**

8. Safe Plan

Ask each member to write in their Safe Plan **Worksheet W 8 4** at least one way in which they will reduce the harm to themselves or stay drug safe until the next meeting. They can share this if they desire with other group members just prior to the check-out.

9. Check-out

Ask the participants to read out their Affirmation Card statement to the rest of the group. If they prefer to keep this personal, then ask them to say one positive thing about themselves.

8

MODULE SIGNING IN ATTENDANCE SHEET

Date: _____ Facilitator(s) _____

Name

RELAPSE PREVENTION

M9

Aim

- To understand relapse as a process and an event
- To understand personal relapse warning signs
- To construct a personal Relapse Prevention Plan

Materials Needed

- Flip chart paper and marker
- Participants folders and pens
- Copy of **Handouts H❾1, H❾2,** and, **H❾3** for each participant **W❶3**
- Copy of Worksheet **W❾1** for each participant
- Ample copies of the Drug Diary worksheet for each participant **W❶3**
- Certificate of completion/Record of Attendance
- Photo-copy of Module ❾ Signing in Attendance Sheet (attached)

Steps

		Approx guide minutes
1.	Check-in	5
2.	Reflection on Drug Diary	10
3.	Define and Discuss Relapse	15
4.	Discuss and Record Common Warning Signs	30
	Tea / Coffee Break	**15**
5.	Personal Relapse Warning Signs	20
6.	Intervening in the Relapse Process	15
7.	Control Over your Thoughts – Arm Raising Exercise	15
8.	Part 2 – Relapse Prevention Worksheet	15
9.	Homework	10
10.	Safe Plan	5
11.	Check-out	10

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FACILITATOR GUIDELINES

1. Check-in

- Send around the signing in sheet
- Ask the group to give one piece of advice to a friend who was relapsing

2. Reflection on Drug Diary

Ask participants to reflect on their Drug Diary. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their trigger situations?
- Have they noticed any pattern to their automatic thoughts?
- Have they noticed any pattern to their feelings?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator as it may help others who are having difficulty identifying patterns. Encourage each member to continue with their Drug Diary throughout the duration of the programme.

3. Define and Discuss Relapse

Ask the group to tell you what they understand by the word relapse.

In our experience, most people see a relapse as the point at which they are using uncontrollably after a period of not using. Many participants use the word 'slip' to describe intermittent use and don't necessarily class this as a 'relapse'.

The truth of course is that relapse is a slow process that usually begins long before the person actually uses again. The steps to a relapse are actually changes in attitudes, feelings and behaviours that gradually lead to the final step, picking up a drink or a drug.

Drug or alcohol relapse, while not inevitable, is very common. The better prepared the participant is, the better chance they will have of staving off a relapse or preventing it altogether. People sometimes make the mistake of believing that now that they can control their drug use, they are in no danger by being around others who are using. Eventually they may convince themselves that they can use the drug sparingly because they now have the tools to quit using it. Returning to old habits is the easiest way to relapse back into using drugs. Places, friends and situations that previously encouraged your drug or alcohol use should be avoided at all costs.

For most people there will be warning signs over a period of days or weeks before they actually resume their drug or alcohol taking. It is crucial that participants understand that they can stop the process of relapse before they reach the stage of taking a drug by becoming aware of their relapsing thoughts i.e. negative thinking or fantasising about a particular drug or alcohol. In other words, relapse can be seen as a process that begins when a person's thinking pattern changes.

4. Discuss and Record Common Warning Signs

Exercise

Give the group a copy of **Handout H⑨1 – Relapse Warning Signs**.

Discuss the four relapse warning areas –

- Changes in Behaviour

- Changes in Attitude
- Reverting to Addictive Thinking
- Changes in Feelings or Moods

Ask the group to add their own examples. Record these on a flip chart.

Once you have covered all the points on the chart, get the group to elaborate on why ignoring these warning signs can lead to relapse. Some examples we have found useful are:

- If someone is feeling negative for a long period of time, then self destructive behaviour such as drug or alcohol using may be a practiced response to this.
- If someone has not wanted to talk to their usual support people for a period of time, then this may lead to them feeling more isolated, which in turn increases their desire to use.

Give the group a copy of **Handout H 92 - There's a hole in my path**
Ask for five volunteers to read each step out loud. Ask the group for feedback on the Handout.

Tea / Coffee Break

5. Personal Relapse Warning Signs

Give the group a copy of **Worksheet W 91** Ask them to complete Part 1 of this worksheet, using the previous discussion as a guide. When they have completed the worksheet, ask for feedback and write this up on a flipchart page **FC8.1** and display.

6. Intervening in the Relapse Process

Using the examples of warning signs from the previous discussion and the flipchart page **FC8.1** displayed, ask the group to suggest interventions that they can put into action to help prevent relapsing. Remember that these need to be practical and achievable. Record these on a flip chart page and display. **FC8.2**

7. Personal Relapse Prevention Plan

Refer participants back to their **Worksheet W 81 – My Relapse Prevention Plan**. Ask them to complete Part 2 of this worksheet, using the intervention examples from the previous discussion and the flipchart page **FC8.2** as a guide. When you are satisfied that they have completed their Relapse Plan bring the group back together and ask how they felt about the exercise.

8. Homework

Participants need to continue to keep their Drug Diary up to date until the next module. You may want to use this space to allow members complete their diary if they haven't already done so. **W 13**

9. Safe Plan

Ask each member to write in their **Safe Plan Worksheet W 14** at least one way in which they will reduce the harm to themselves or stay drug safe until the next meeting. They can share this if they desire with other group members just prior to the check-out.

10. Check-out

Ask the participants to read out one warning sign from their Relapse Prevention Plan Worksheet **W 91** and what they will do if they see this sign. Sharing these insights with each other will help all participants with the prevention of relapse.

9

MODULE SIGNING IN ATTENDANCE SHEET

Date: _____ Facilitator(s) _____

Name

COURSE REFLECTION AND CERTIFICATION

M10

Aim

- To review all parts of the programme
- To evaluate and reinforce the learning
- To celebrate and certify attendance and learning

Materials Needed

- Flip chart paper and marker
- Participants folders and pens
- Copy of **Worksheet W10 1,** for each participant
- Ample copies of the Drug Diary worksheet for each participant **W1 3**
- Certificates of completion and/or Records of Attendance
- Photocopy of Module 10 Signing in Attendance Sheet (attached)

Steps

		Approx guide minutes
1.	Check-in	5
2.	Reflection on Drug Diary	10
3.	Evaluation and reflection on programme	40
	Tea / Coffee Break	**15**
4.	Course Closure and presentation of Certificates	30
5.	Safe Plan	5
6.	Check-out	20

FACILITATOR GUIDELINES

1. Check-in

- Send around signing in sheet
- Ask the group to give one piece of advice to a friend who was relapsing.

2. Reflection on Drug Diary

Ask participants to reflect on their Drug Diary. We have found that the following 'guiding' questions are useful to prompt discussion.

- Have they noticed any pattern to their trigger situations?
- Have they noticed any pattern to their automatic thoughts?
- Have they noticed any pattern to their feelings?

If any group member is comfortable enough to share their insight, this should be encouraged by the facilitator as it may help others who are having difficulty identifying patterns. Encourage each member to continue with their Drug Diary throughout the duration of the programme.

3. Evaluation / reflection of Course Programme

Facilitator asks each group member to gather their folders together for a reflection on the programme.

Using **Worksheet W⑩ 1** - **Review and Evaluation** ask each participant to individually complete the worksheet. When all have finished, ask them to come back together as a group and encourage them to share their findings with the rest of the group, e.g. what part of the course did they find least beneficial, what part did they find most beneficial etc. Write the key points up on the flipchart for evaluation purposes. Reinforce the learning by encouraging group discussion. If there are any participants who feel they would benefit from another opportunity to re-do the course, take their details and arrange a follow up appointment with them. Retain the worksheets for your own review and evaluations.

Tea/Coffee Break

4. Course Closure Ceremony and Certificates

Finish by affirming the group for their participation in the programme. Remind them that they are all unique individuals with free will and that they can do anything they put their mind to with the right knowledge and supports. Let the group know that your agency will be there for them if they need to clarify anything or need some help and guidance and let them know how they can access this.

Finally finish off by awarding Programme Completion Certificates to those who covered the full programme. Record of Attendance Certificates may be given to those who did not manage to complete all of the programme but who, nonetheless, attended several sessions. Copies of these are attached to this pack and can be photocopied directly onto certificate style blank paper which can be purchased from all stationery suppliers.

5. Final Check-out

Ask each participant to name one thing above all else that stands out for them during the course of the programme – perhaps a new insight or learning, perhaps a new support they have identified, perhaps a new strength they have found….

Then ask them to make a strong, positive statement about themselves – something that they like or admire about themselves or something that will inspire them during their recovery.

The facilitator should finish the session by affirming everyone for their participation and, once again, reminding them of the supports available to them from the project or agency.

Record of Attendance

This is certify that:

_____

has attended _____ modules in the

Reduce the Use 2©

Addiction Programme facilitated by:

_____

Signed: _____

Dated: _____

Award Certificate

This is certify that:

_____

has successfully completed

Reduce the Use 2©

Addiction Programme facilitated by:

_____

Signed: _____

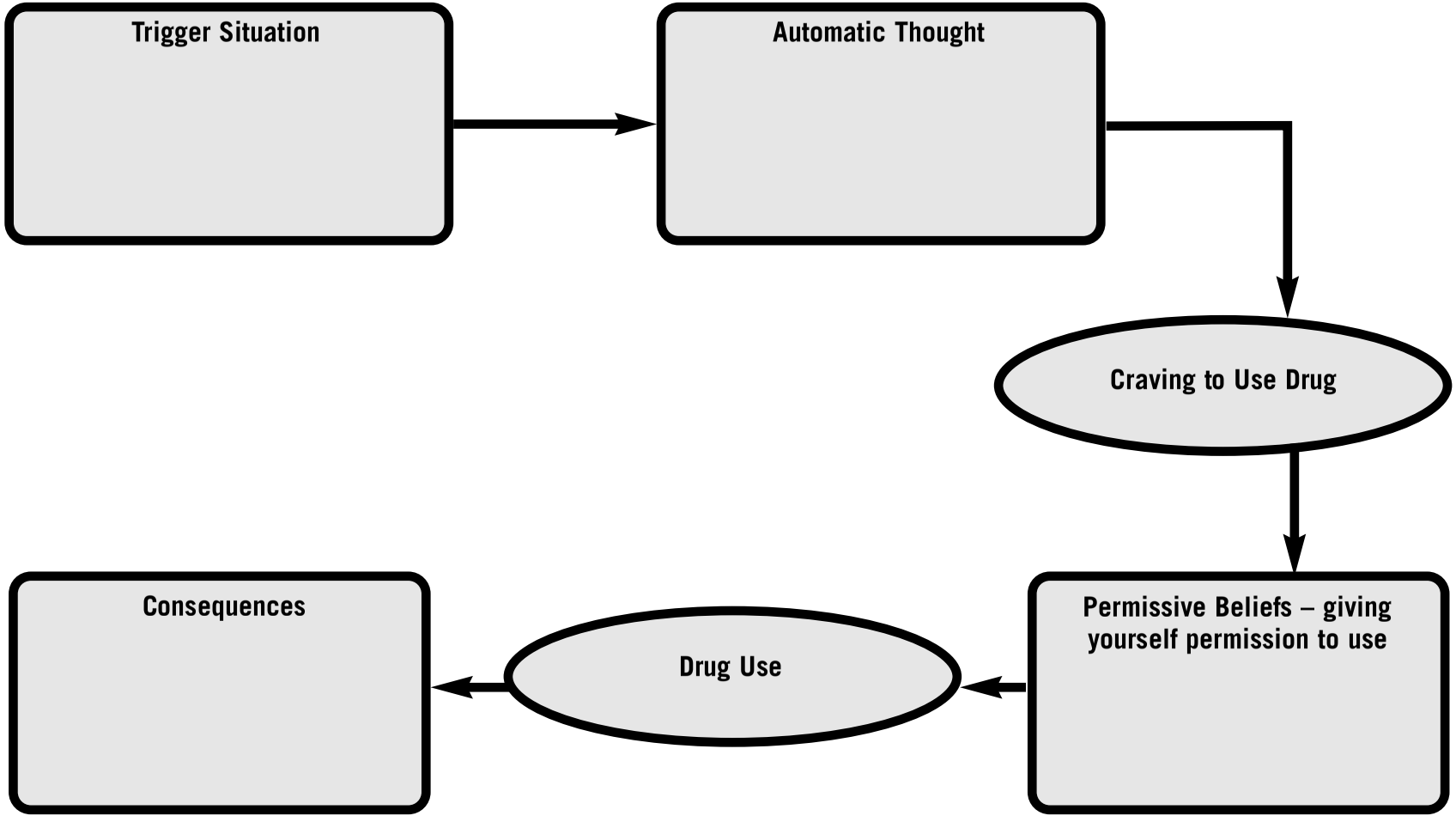
Dated: _____

Reduce the Use 2©

Participant Worksheets

Please photocopy and retain in original manual

Worksheet W❶1 – Decision Making Diagram



Worksheet W12
Current Drug / Alcohol Use Sheet

Initials: _____

Write down your current drug or alcohol use as honestly as you can remember. If a particular drug does not apply to you just leave the boxes blank. The first two lines are examples to get you started.

Example

TYPE OF DRUG	HOW OFTEN?	HOW MANY / MUCH?	COST PER WEEK
Alcohol	Every day	About 4 cans a day	€42
Tablets – Sleepers	Every day if I can get them	Some days 2 – other days 10	Can be up to €70 some weeks

TYPE OF DRUG	HOW OFTEN?	HOW MANY / MUCH?	COST PER WEEK
Cocaine			
Alcohol			
Extra Methadone			
Heroin			
Tablets			
Type:			
Type:			
Type:			
Crack Cocaine			
Hash			
'Head shop' drugs			
Other			
Other			

Worksheet W13 – Drug Diary/Journal

By filling out this diary sheet you will begin to see patterns to your drug or alcohol use, what triggered it, the feelings associated with those triggers, the actions you took and the consequences of those actions. You should record every trigger regardless of whether you ended up using drugs or not. This information will help you to become more self aware around your drug or alcohol use. Record as many situations as possible in between each module of the course and bring your Journal with you to each module.

Day & Time	**Trigger** What made me want to use?	**Thoughts & Feelings** What was I thinking? What was I feeling?	**Behaviour** Did I use? If so, what did I take? If I didn't use what did I do instead?	**Good Consequences** Did anything good happen?	**Bad Consequences** Did anything bad happen?

Here are some risky situations. Mark them from 1 to 3 as you see fit. (1 = no temptation to use; 2 = slight temptation to use; 3 = strong temptation to use):

Risky situation	**1**	**2**	**3**	**Risky situation**	**1**	**2**	**3**	**Risky situation**	**1**	**2**	**3**
When I am angry				When I feel bored				When I feel happy			
When I feel sad				When I feel lonely				When I feel good about myself			
When I'm around others who are using				When I feel guilty				When I am offered other drugs			
When I have money worries				When I don't feel good about myself				When I have money to spend			

Worksheet W14
My Safe Plan

Between now and my next meeting I will keep myself safe from harm by:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

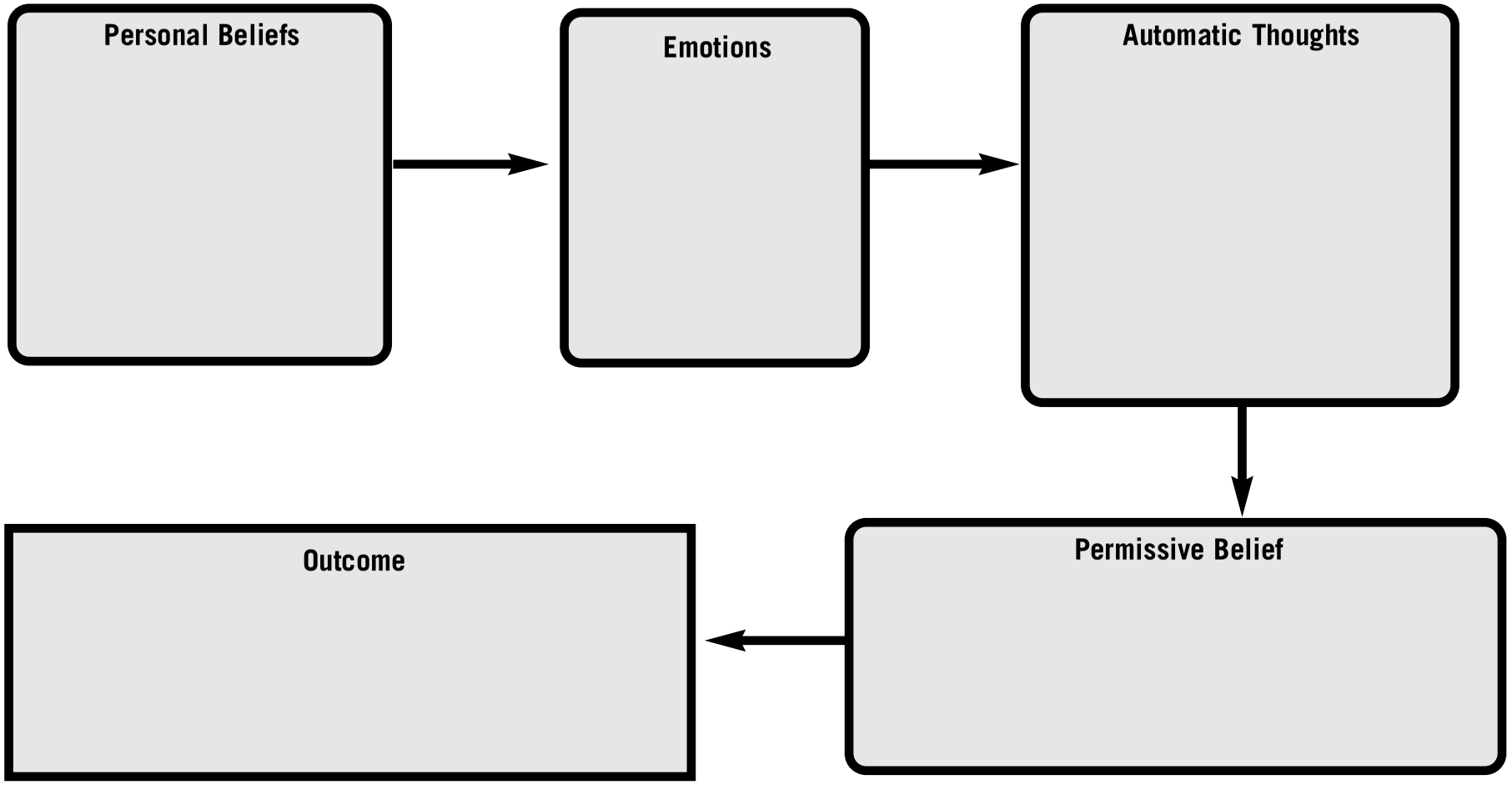
_____

_____

_____

Name at least one way in which you will reduce the harm to yourself from drug / alcohol use or avoid high risk situations. You don't have to stick with one – you can name as many as you want.

Worksheet W31 – Personal Thoughts and Beliefs Flowchart



Based on Aaron T Beck et al, *Cognitive Therapy of Substance Abuse,* 1993:43

Worksheet W41
Sample drug using situation

Background

Situation / incident

Thoughts – Internal Conversation

Feelings

Behaviour

Consequences

Worksheet W42
Drug Diary/Journal

Background

Jane has wanted to give up 'snow blow' for a while now. She has been using it on and off for a few months. The last time she injected was 6 days ago and she is feeling really positive and starting to make some plans for the future. If you ask her, she will say there is no way she wants to go back using it again. She knows how dangerous it is to be injecting it.

What happened?

Jane bumps into a guy in the street who is dealing 'snow blow'. She knows him from before as she sometimes bought off him when her main dealer wasn't around. The guy calls over to Mary and asks if she is 'looking'....

New Thoughts

_____

_____

_____

_____

New Feelings

_____

_____

_____

_____

New Behaviour

_____

_____

_____

_____

New Consequences

_____

_____

_____

_____

Worksheet W51
Good and Bad things about using drugs

For this exercise you need to write down as many good and bad things about your drug or alcohol use as you can. Be as clear as possible and try to have a minimum of at least three for each.

Drug	Good things about using	Bad things about using
Cocaine		
Alcohol		
Heroin		
Crack Cocaine		
Tablets		
Head shop		
Methadone		
Hash		
Other		
Other		

Worksheet W52

Good and Bad things about reducing / stopping drug or alcohol use

Like the previous exercise you will need to write as many good and bad things about reducing/stopping your drug or alcohol use as you can. Aim for a minimum of three for each.

Drug	Good things about reducing / stopping	Bad things about reducing / stopping
Cocaine		
Alcohol		
Heroin		
Crack Cocaine		
Tablets		
Head shop		
Methadone		
Hash		
Other		
Other		

Worksheet W5 3
My goals worksheet

Like the previous exercise you will need to write as many good and bad things about reducing/stopping your drug or alcohol use as you can. Aim for a minimum of three for each. It's time to set some goals and make decisions about your current drug or alcohol use. Think back to the work you have already done on yourself during this programe. What goals do you want to achieve?

- Do you want to stop using a certain drug or drugs?
- Do you want to reduce your use of a certain drug or drugs?
- Are you happy enough to continue with your current drug or alcohol use?

The goal(s) I want to achieve over the next four to six weeks are:

_____

_____

_____

_____

The most important reasons why I want to achieve these are:

_____

_____

_____

_____

The steps I plan to take in achieving these goals are:

_____

_____

_____

_____

The ways other people can help me are:

_____

_____

_____

_____

Some things that might interfere with my plan are:

_____

_____

_____

_____

Worksheet W7 1
My Refusal Techniques

For this exercise you are going to write about TWO situations where you refused drugs or alcohol.

Situation One

Describe a situation where you refused drugs or alcohol. Who were you with? Where was it?

_____

_____

_____

_____

What did you say and do to refuse the drugs or alcohol?

_____

_____

_____

_____

Situation Two

Describe a situation where you refused drugs or alcohol. Who were you with? Where was it?

_____

_____

_____

_____

What did you say and do to refuse the drugs or alcohol?

_____

_____

_____

_____

Worksheet W8 1
Identifying my own support system

1. List **three people** you can turn to when you need some help and support.

_____

_____

_____

_____

2. Write down the contact details for each of these people.

Name	Address	Contact No.
1.		
2,		
3,		

3. List three Organisations / Agencies that you can turn to when you need some help or support.

_____

_____

_____

_____

4. Write down the contact details for each of these organisations and also the hours when you can contact them.

Agency	Contact	Address	Tel. Number	Hours
1.				
2,				
3,				

Worksheet W91
My Relapse Prevention Plan

Part 1 – Your Relapse Warning Signs
Some examples which might help: Stopped going to NA/AA meetings; was feeling really angry with everyone around me; was thinking negative thoughts a lot of the time; starting avoiding my family; fantasised about using as a reward.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Part 2 – What I will do if I notice these warning signs?
Some examples which might help: force myself to speak to my sponsor; talk to a counsellor about my feelings of anger; write down all the good things about my life; take some time out to do something for me; open up to someone I trust about my feelings; pick a different reward from my Reward List.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Worksheet W10 1
Review and Evaluation

You have now completed the **Reduce the Use 2**© course and we would like you to take a few moments to reflect on the learning and to give us some feedback.

Please **circle** the statement *(true or false or neither true nor false)* that suits best.

I am more aware of my drug/alcohol use than before	True	False	Neither true nor false
I am more aware of my triggers to drug/alcohol use than before	True	False	Neither true nor false
I understand what automatic thoughts and personal beliefs are and how they can lead to drug/alcohol use	True	False	Neither true nor false
I understand that I can control and change my thoughts	True	False	Neither true nor false
I know how to set realistic goals for myself	True	False	Neither true nor false
I have learned new refusal skills	True	False	Neither true nor false
I have learned more about recognising my cravings and how to deal with them	True	False	Neither true nor false
I have learned to recognise the early stages of relapse	True	False	Neither true nor false
I have learned what I need to do to avoid relapse	True	False	Neither true nor false
I have identified supports for myself to help me in my recovery	True	False	Neither true nor false
I feel confident that I have learned the skills to reduce or stop my drug/alcohol use	True	False	Neither true nor false

Handout H11

Commitment Contract

I agree to attend this course and to complete work assigned to me.

I agree that if I do not want to complete the course I will let the facilitator know and I will be welcome to re-engage in any future course assessments.

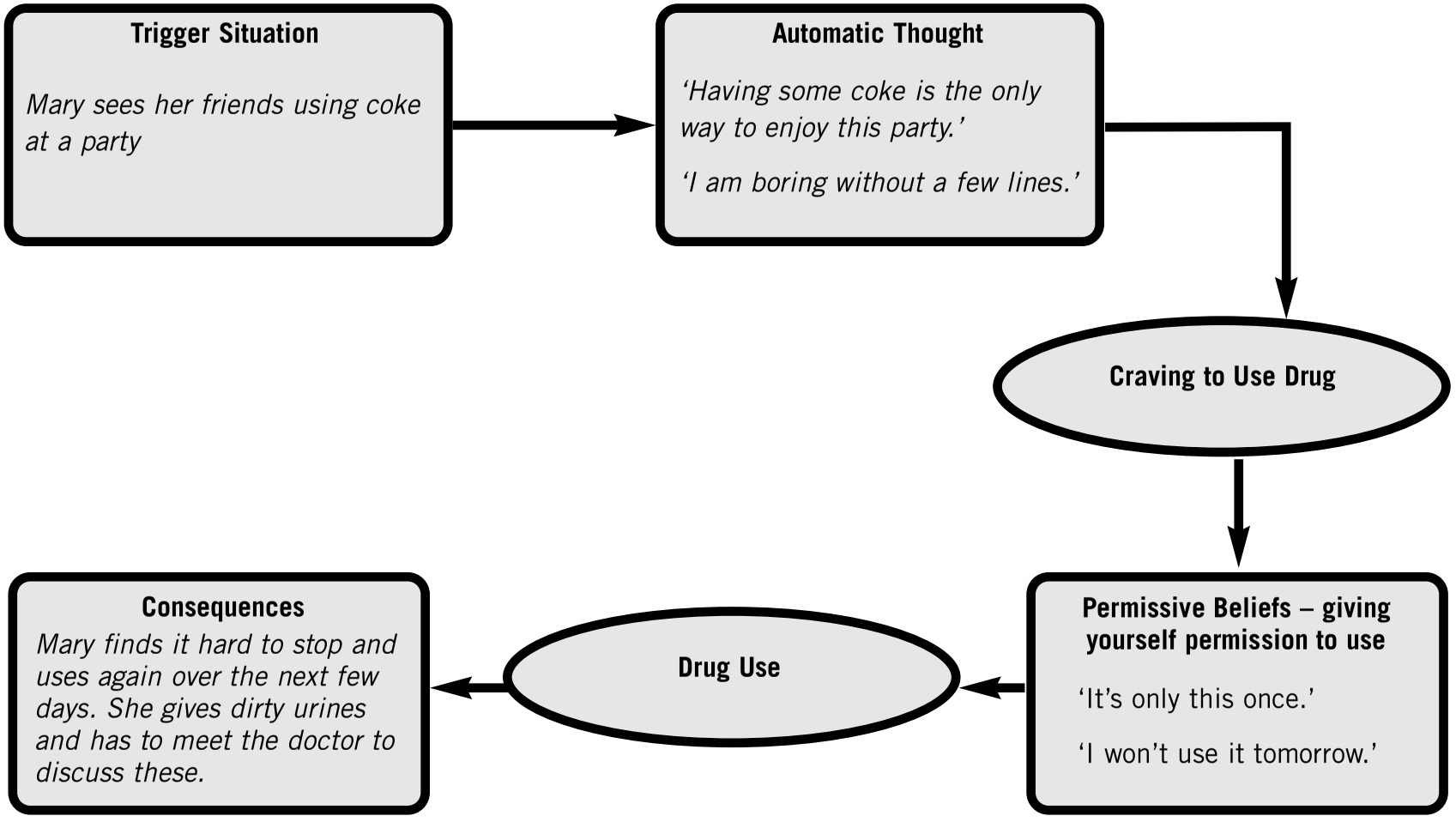
Signed: _____ Participant

Signed: _____ Course facilitator

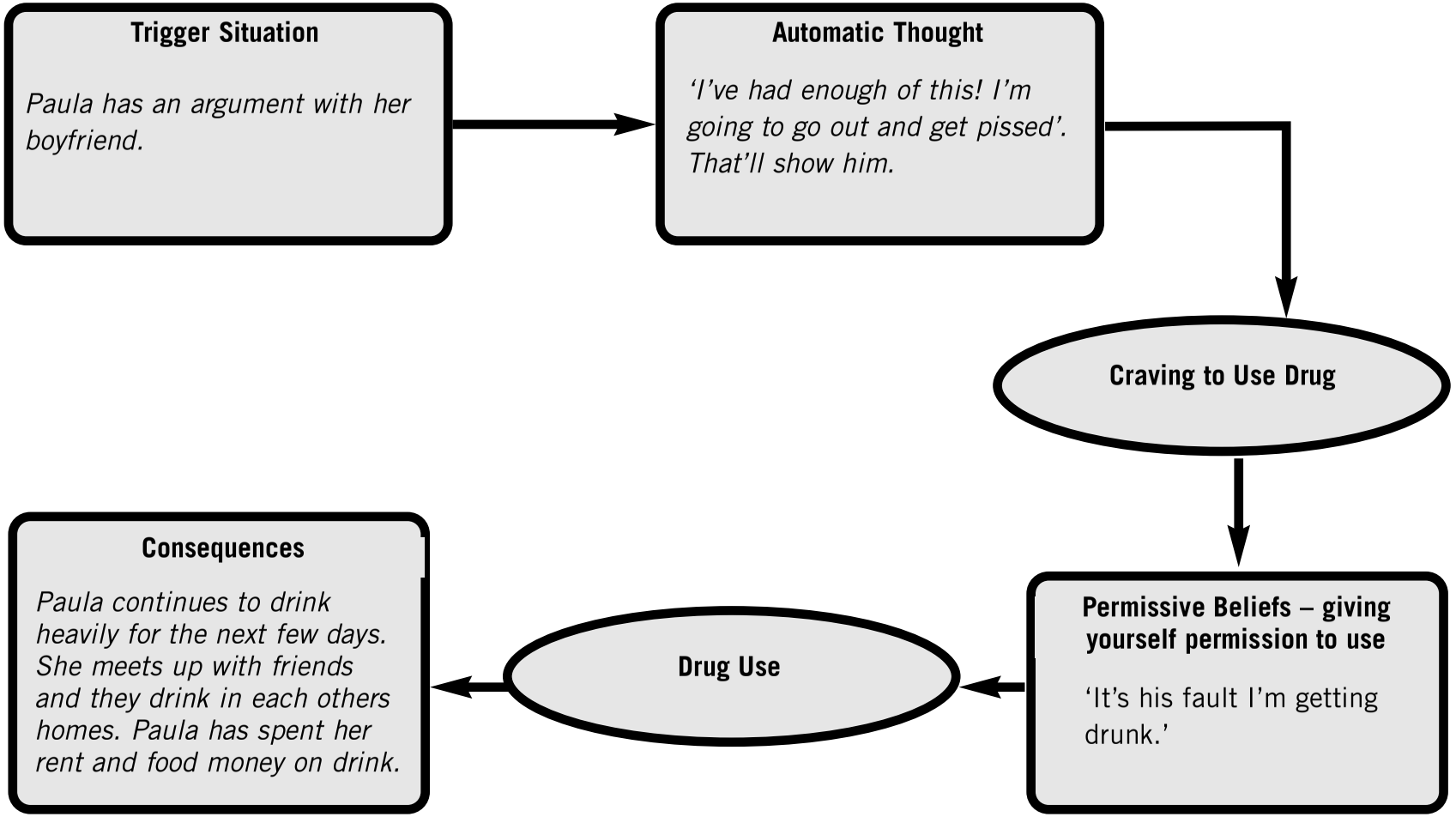
Date: _____

A copy should be kept by the participant and facilitator

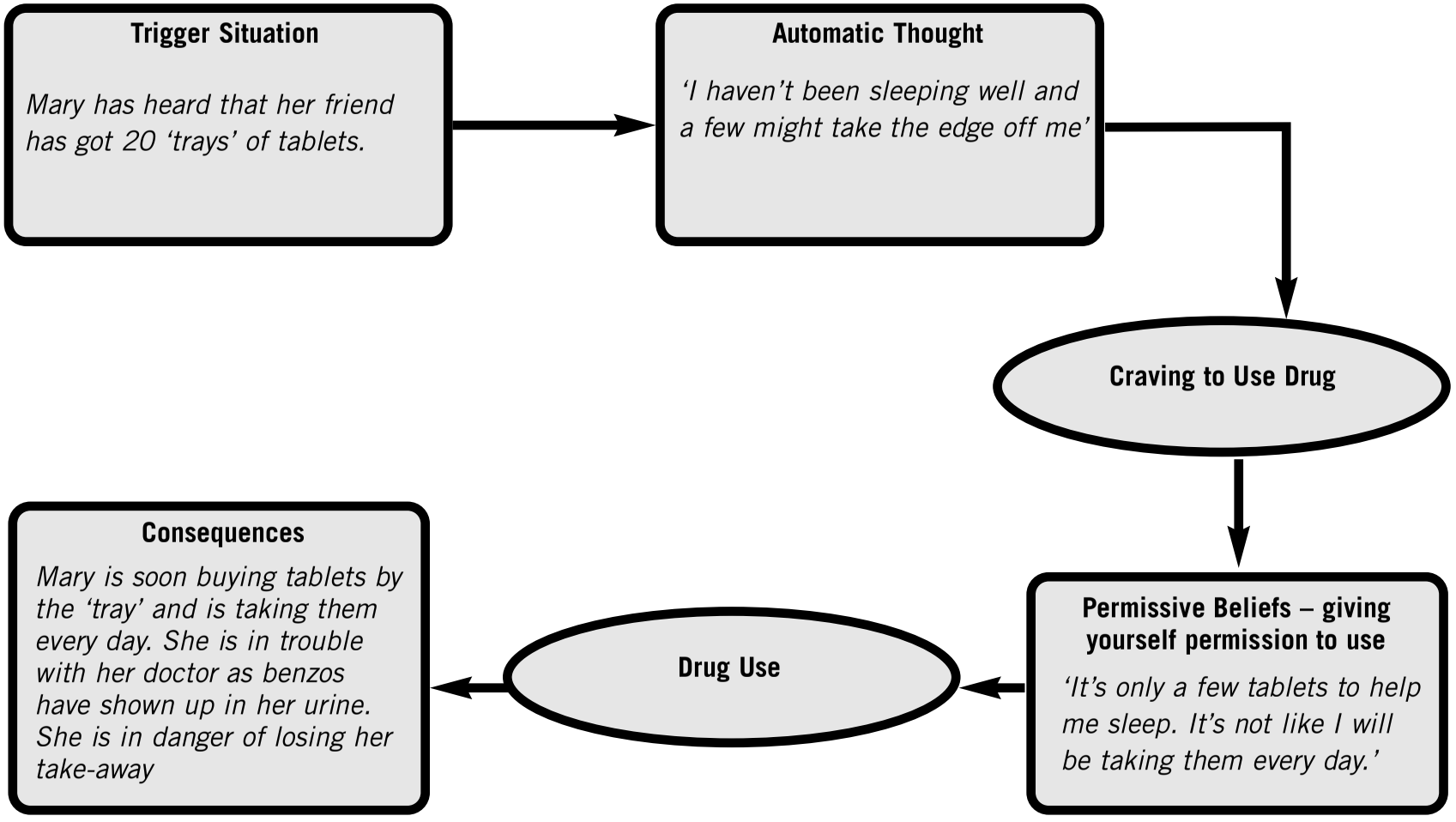
Handout H12 Decision Making Diagram



Handout H13 Decision Making Diagram



Handout H14 Decision Making Diagram



Handout H15

Example Safe Plan

Between now and my next meeting I will keep myself safe from harm by:

1. Making sure I don't leave the house with much money in my pocket.

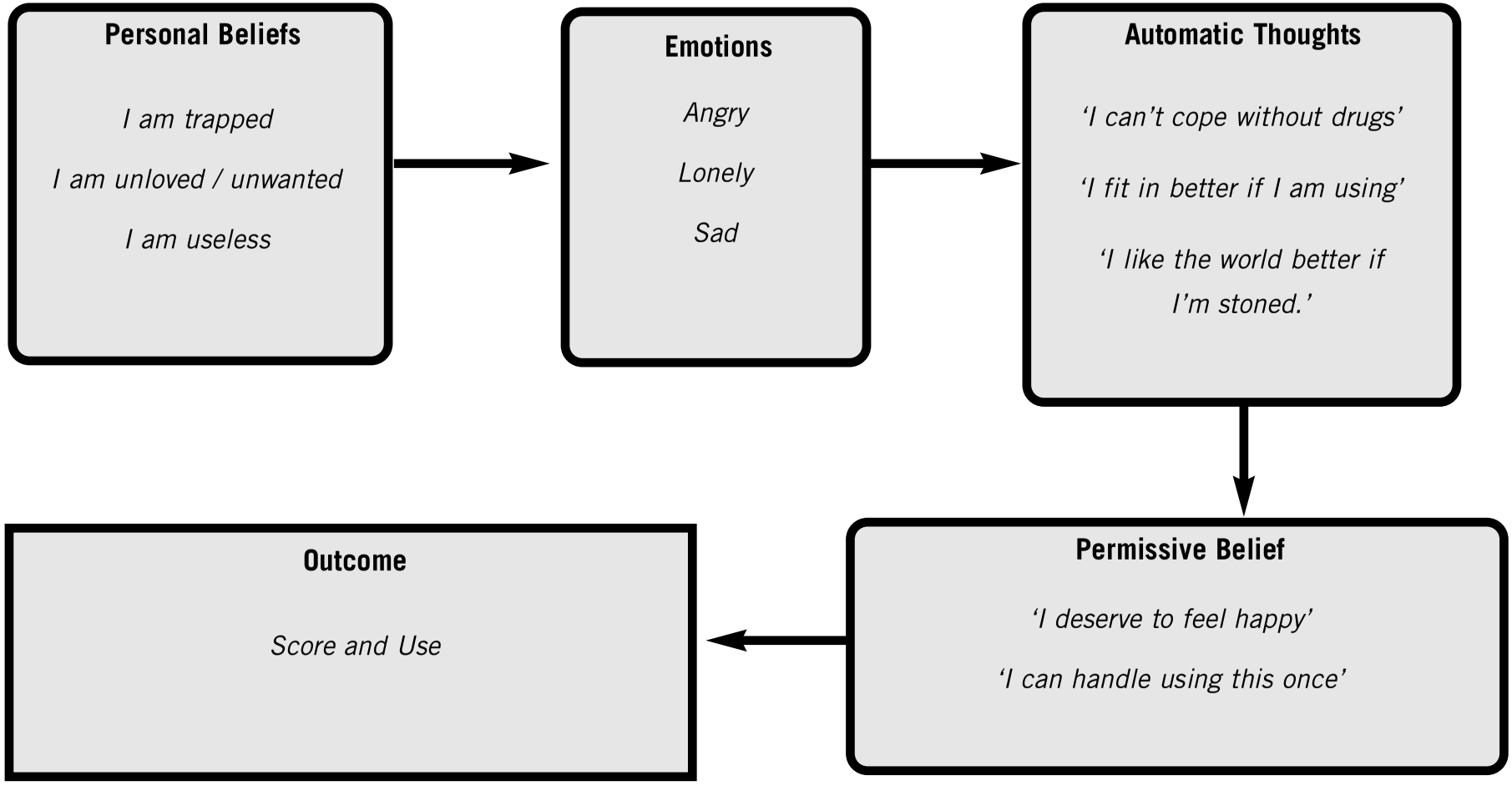
2. Coming straight back from the school and not hanging around

3. Deleting certain phone numbers from my mobile

4. Calling a good friend if I feel the urge to use.

Name at least one way in which you will reduce the harm to yourself from drug/alcohol use or avoid high risk situations. You don't have to stick with one – you can name as many as you want.

Handbook H21– Negative Thoughts and Permissive Beliefs



Handout H41

Dave's Story

Background

Dave has wanted to give up mixing coke and alcohol for a while and has been on and off it for a few months. He has also started to take some sleeping tablets that a friend introduced him to because he wasn't sleeping well. The last time he used coke or tablets was about a week ago and he is feeling really good about himself and starts to make some plans for the future. He hasn't had a drink in the past week either and if you ask him, he will say there is no way he wants to go back using coke and alcohol together again and that he feels proud of himself. He even feels he has been sleeping a bit better these past few days.

Situation/Incident

Dave decides to go down to his local pub where there is a party on for a friend of his. Dave has a few drinks and he starts to feel a bit tired.

Thoughts – Internal Conversation

Dave starts to think that if he had just a small bit of coke, then he could stay drinking longer and enjoy the party better. He knows who to approach in the pub to get coke. He thinks, 'There'd be no harm in taking just one bag' 'Sure, I've got a handle on this now and I am able to stop using when I want'. 'If I have the one bag it will liven me up and I can stay longer.'

Feeling

Dave feels excited at the thought of having the coke. He feels a rush of energy through his body. He is feeling reckless from the alcohol and he's only thinking of the here and now. At this point Dave has started to forget all the positive things he was thinking about just a short while ago.

Behaviour

Dave buys the bag of coke and uses it, quickly feeling high and powerful. Soon after, he buys another two bags – just to finish off the night. He doesn't have enough money on him but the guy gives it to him on credit until tomorrow.

Consequences

Dave was out most of that first night and hardly slept. He felt awful when he woke up. He noticed two missed calls from the 'coke guy' on his mobile and he remembered that he owes him money. He doesn't have it and has been avoiding him for a few days. Dave feels like he needs a drink to think about what he should do. He can't sleep because of the worry and has bought a few sleeping tablets to help him.

Handout H42

When learning to Change Your Thoughts follow these instructions

1. STOP for a MOMENT

When you're having negative thoughts, you need to simply STOP for a moment. Give your body a chance to catch up with your thoughts. By giving yourself a moment to really think about your thoughts, you will be better able to make an informed decision about what action you are going to take. Without taking this moment you will still be working off your old thoughts and we now know what the dangers of negative thoughts are.

2. In that Moment

- Ask yourself if your thoughts are really true?
- Where have these thoughts led me before?
- Are you fooling yourself?

3. Practice Changing your Thoughts

The more you practice, the easier it becomes. You know you have the power to change the way this situation ends. You don't have to use. You can take control over your situation.

Handout H51– Goal Setting Guidelines

When setting goals remember to be:

1. Clear –

- Be as clear and as focused as possible.
- Unclear goals will only frustrate you. For example, "I am going to get my life together" is too vague. This makes it hard to work out how you would go about achieving it.
- Make clearer statements such as, "I am going to drink two cans of beer daily instead of four" or "I am going to stop my cocaine use" or "I am going to detox from benzos", etc. By having clear goals, the steps to achieving them will be easier to name.

2. Realistic –

- Set goals that are realistic!
- For some people it may be an unrealistic goal to stop using completely at this time. For others, reducing may be an unrealistic goal as past experience may have shown them that they are an 'all or nothing' kind of person. Only you know what is realistic for you.
- Do not set goals that you haven't a hope of achieving. You will only set yourself up to fail.

3. Timed –

- Set yourself a deadline or a target date to reach your goal.
- If your goals have a target date, they are easier to measure. Also by having a target date, you can put a step by step plan in place to achieve them. For example, it is better to say that I will stop using cocaine from Friday onwards rather than leaving it open-ended i.e. 'I'm going to stop using coke'.

Handout H⑥1– Personal Action Plan

Step One: Think Stop!

- Picture a STOP sign in your head
- Interrupt that Thought and change it to a positive one
- Think of yourself in a positive place or situation
- Think of the consequences if you use

Step Two: Immediate Responses

- Think of other things you can do immediately to deflect these thoughts or to get you out of this high risk situation

Step Three: Long Term Alternatives

- Think of some other things you can do. Pick something from your list. Go do it!

Step Four: Rewards

- What rewards can you give yourself? Pick something from your list. Go do it!

Handout H⑥2– STOP!

Handout H71– TIPS FOR REFUSING

There are many ways you can refuse the offer of drugs. It is obviously best if you are clear and firm and say NO.

Remember that your FIRST objective is to refuse or turn down the offer.
Your SECOND objective is to reinforce your commitment to not use and to feel good about not using.

The following are suggested responses you can make. Think about the best one for you in the situation you are in. Add your own to this list if you like.

- Respond quickly – prepare yourself beforehand
- If you meet someone who is offering you drugs, make direct eye contact with that person
- Respond with a clear and firm 'no' that does not leave the door open to future offers
- Use strong, confident body language
- Ask the person to stop tempting you (e.g. 'look I've decided to stop and I don't want you to ask me to use anymore... If you can't do that you will have to stop coming to my house').
- Leave the situation
- Make an excuse that you have to be somewhere else urgently
- Give an excuse why you can't take drugs (courts, social workers, doctors, etc)
- Repeat yourself if necessary
- Say thanks, but no thanks.
- Use humour (e.g. that stuff makes me fat, that stuff makes me stupid)
- If you are in a situation where you can't avoid the person (clinic waiting room for example) then change the subject to something else – have something prepared!
- Suggest something else you can do together that doesn't involve using, e.g. taking the kids out to play

Handout H81– Symptoms of Cravings / Withdrawals can include:

If you are in the early stages of reducing your drug or alcohol use, you should understand that your body will be going through a period of withdrawals which will intensify the cravings. Withdrawal symptoms cause cravings for the drug. Written below is a comprehensive list of possible withdrawal symptoms that you might experience. You may experience some or all of these symptoms - depending on the amount of the drug you use and the length of time using.

Please remember that abruptly stopping alcohol or benzodiazepines can be very dangerous and sometimes fatal, so if you have been using these drugs for a considerable period of time you will need medical advice and guidance.

OPIATES

Physical withdrawal symptoms	Emotional withdrawal symptoms
■ nausea ■ vomiting ■ diarrhoea ■ chills ■ runny nose ■ sweating ■ insomnia ■ aches and pains in muscles and joints ■ stomach cramps	■ Increase in dangerous and self destructive behaviours ■ anxiety ■ restlessness ■ irritability ■ insomnia ■ headaches ■ poor concentration ■ depression ■ social isolation

COCAINE, CRACK COCAINE AND STIMULANT DRUGS

Physical withdrawal symptoms	Emotional withdrawal symptoms
■ diarrhoea ■ sweats ■ insomnia ■ stomach cramps ■ fatigue ■ hunger ■ loss of sex drive ■ shaking ■ increased heart rate ■ sensation of being able to smell or taste the drug ■ tightness in the chest ■ difficulty breathing ■ headaches	■ anxiety ■ restlessness and agitation ■ irritability ■ insomnia ■ headaches ■ depression ■ paranoia ■ aggression ■ suicidal thoughts ■ psychosis ■ poor concentration ■ social isolation

Handout H8.1– continued

ALCOHOL

Physical withdrawal symptoms	Emotional withdrawal symptoms
■ increased body temperature	■ hallucinations
■ unstable blood pressure	■ anxiety
■ strokes	■ restlessness
■ heart attack	■ irritability
■ high pulse rate	■ insomnia
■ hand shakes	■ headaches
■ insomnia	■ poor concentration
■ nausea or vomiting	■ depression
■ delirium tremens (DT's)	■ social isolation
■ seizures	

BENZODIAZOPINES

Physical withdrawal symptoms	Emotional withdrawal symptoms
■ seizures	■ anxiety
■ sweating	■ irritability
■ racing heart	■ suicidal thoughts
■ palpitations	■ restlessness
■ muscle tension	■ insomnia
■ tightness in the chest	■ headaches
■ difficulty breathing	■ poor concentration
■ tremor	■ depression
■ nausea, vomiting, or diarrhoea	■ social isolation

CANABIS / HASH

Physical withdrawal symptoms	Emotional withdrawal symptoms
■ insomnia	■ anxiety
■ vivid dreams/nightmares	■ restlessness
■ fatigue	■ depression
■ poor appetite	■ irritability

Handout H8.2
Understanding Cravings

1. Cravings are a normal part of reducing or stopping your drug or alcohol use and are to be expected.

2. Cravings will come and go and will lessen in intensity over time

3. They are most often experienced early in recovery but can persist longer

4. Cravings can be triggered in many ways:

- Seeing someone that you associate with your drug or alcohol use
- Feeling emotions such as frustration, stress, boredom, depression, excitement, happiness, etc
- Familiar objects, smells and sounds

5. Physical signs of Cravings can include:

- Feeling nervous and agitated
- Heart pounding
- Sensation of being able to smell or taste the drug
- Sweaty palms
- Feeling of wanting to go to the toilet/diarrhoea

6. Psychological signs can include:

- Fantasies about using
- Convincing yourself that you'll feel great if you use
- Fooling yourself that it'll be ok to use just the once

Handout H8 3
Six Steps to Manage Cravings

1. **Recognise your Cravings**
   Half the battle is learning how to recognise your cravings and the effect they have on you. What does it feel like? Is it really a craving or something else? Get to know your body and what it is telling you.

2. **Swing into Action**
   Get up and do something. Don't just sit there! There are lots of ways that you can cope with cravings.

   - Distract yourself – go do something different to take your mind off it.
   - Make a list of possible things to do in the event of a crisis.
   - Talk about it with someone who understands. Do you know someone you can trust? Can you get to an NA meeting? Can you phone someone? Do you have a support worker?

3. **Write, write write…**
   Writing is a powerful way of processing thoughts and feelings and helping you move through the moment. Do you still have your Drug Diary, notebook and folder? Re-look at your goals. Write down the feelings you are going through.

4. **Be Aware of your Triggers**
   Being aware of your risk triggers will help you avoid and overcome them. Make sure you get rid of all drug paraphernalia around you. Don't make contact with people who are not good for your recovery. Delete numbers from your mobile phone. Don't go to places where you will be at risk. Don't call around to friends who are not good for your recovery.

5. **Think Positively**
   Think to yourself, 'I had a similar craving before. I didn't use then and it went away'. This craving will pass. Promise yourself a positive reward for getting through this craving without using. You deserve better. It will get better.

6. **Check your Affirmation Card**
   Take out your Affirmation Card. Remind yourself of the strong message you wrote. You are that person. You can get through this.

Handout H⑨1
Common Warning Relapse Signs

Common Warning Relapse Signs

Changes in Behaviour

- Hanging out with people who use
- Not going to rehabilitation programmes or support groups (such as NA/AA)
- Taking other drugs including alcohol
- Arguing with others for no apparent reason
- Not being honest with those around you
- Doing things that are self destructive, i.e. shoplifting, hanging out with people that make you feel bad
- Not filling your days and spending a lot of time feeling bored

Changes in Attitude

- Not caring about yourself
- Becoming really negative about life and how things are going.

Reverting to Addictive Thinking

- Thinking that you deserve a reward for being clean for a period of time
- Thinking that you could just have a small bit and that it would be alright
- Thinking back to how good drugs made you feel without thinking about all the bad parts of drug or alcohol use
- Thinking that you are 'cured' and you no longer need to be careful of your triggers

Changes in Feelings or Moods

- Feeling unusually stressed
- Feeling depressed or angry
- Feeling invincible and unusually happy

Handout H⑨2
There's a Hole in my Path

Chapter One
I walk down a street and there's a big hole. I don't see it and fall into it. It's dark and hopeless and it takes me a long time to find my way out. It's not my fault.

Chapter Two
I walk down the same street. There's a big hole and I can see it, but I still fall in. It's dark and hopeless and it takes me a long time to get out. It's not all my fault.

Chapter Three
I walk down a street. There's a big hole. I can see it, but I still fall in. It's become a habit. But I keep my eyes open and get out immediately. It is my fault.

Chapter Four
I walk down a street. There's a big hole. And I walk around it.

Chapter Five
I walk down a different street.

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